MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1066 CERTIFICATE OF DEATH eral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4 TO FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauther registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

00985

										Keg. Dist. N	0.
1. PLACE OF a. COUNTY	PRIN	ICE GEORG	E	MAR	YLAND 2	o. STATE	land	ere deceased l	ived. If institution b. COUNTY	n: Residence be Prince	fore admission) George
seat	TOWN (IF	outside corporote limit arest town) a San t	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Seat Pleasant					
d. NAME C OR INST	OF HOSPITA	AL (If not in haspital, g	ive street o	oddress)		d. STREET A		sevelt	Ave		e. IS RESIDENCE ON A FARM? YES NO W
3. NAME OF DECEASED (Type or pr	rint)	FABIAN	st	ADAM		JSTINE		4. DATE OF DEATH	Jan	-	Day Year 1958
5. SEX Male		White	WIDOWE	-	0 2		871		lost birthdoy)	Months Days	AR IF UNDER 24 HRS. Hours Min.
Shoe	make	N (Give kind of work d ng life, even if retired)		elf emplo			ACE (Stote o		ntry)	12. CITIZEN USA	OF WHAT COUNTRY
13. FATHER'S	NAME					14. MOTHER'S	MAIDEN N	AME			
John		Augus	tine			Teres	a El	izabet	th Pali	tz	
15. WAS DECE (Yes, no. or unkno		IN U. S. ARMED FORG f yes, give wor or dates of se		None			G. A	ugusti	ine 361		N. E. D
Condition gove ricouse (o) lying co	ons, if on ise to im	mediote (Dus To	C	ARDIAC ORONAI	RON	ECO	MPEA	CLUS ISATIO		Of	NSET AND DEATH 1 HOUR 14 DAYS 2 MOS
ZOO. ACCI	IDENT WAS	ER SIGNIFICANT CON		ONTRIBUTING TO DE						N IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONT	RIBUTING	CAUSE OF DEATH					,				
20c. TIME	OF INJURY	Month, Day, Yea	While	Not while of work	20e. PLACE foctor	OF INJURY (Home, form, bldg., etc.)	20f. (City or	r town)	(County	y) (Stote)
21. I ce alive ar ACTUAL SIGNATUI PHYSICIA NAME (Ty	Dec	cent J.	Jre)			_NR from	the causes ar	nd an the d	saw the decease ate stated above DATE SIGNE
	L (Specify)	1/11/58		22c. NAME OF CEM Cedar	Hill	REMATORY			tland	county)	(Stote) Md
23. FUNERAL D	DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'D	BY REGISTRA N 1 3 '58		RAR'S SIGNATI	URE

Coronor Money Notified 855 pin, January 8, 1958 Timen & Timeses M.D. BUREAU V. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

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(County)

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PUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, p	5	auld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yer fill	NERAL DIRECTOR: Page 3 should be used as a burial-transis permit. File pages 1 and 2 with the State Board of He	s despoted agent, prior to burial, cremation, or removal, and in any event within 72 hours after design.	

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00988

		: 4	47						Reg. Dist.	No.
1. PLACE OF	F DEATH		U			2. USUAL RESIDENCE	E (Where deced	osed lived. If institut	ion: Residence	before admission)
6. COUN	11 Y	Prince	Georg	es MAI	RYLAND	o. STATE Mar	yland	b. COUNTY	Prin	ice Georges
	OR TOWN (If a	ulside corporate li	mils, write RURAL	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	V (If outside co	rporate limits, write	RURAL ond giv	e nearest town)
	Chever	rly		D.O.A.		× Be	ltsvill	Le		
d. NAME	OF HOSPITA	OR INSTITUT	TION (If not in	hospital, give street addr	'ess)	d. STREET ADDRES	SS			e IS RESIDENCE ON A FARM?
Pr	ince Ge	eorges	Genera	l Hospital		10701	Montgo	mery Road		YES NO
3. NAME O DECEASE (Type or	D	Fred	First	Middle Charles	1	raun lost	4. DATE OF DEATH	January	20,	19 58
5. SEX		6. COLOR OR	RACE 7. M.	ARRIED NEVER MARRI	ED B.	DATE OF BIRTH		9. AGE (In years	IF UNDER TYE	AR IF UNDER 24 HRS
Male		white	WIDO	OWED DIVORCES		Oct. 7,	1892	fail birthdoyl 65 yrs.	Months Day	Hours Min.
during mo	OCCUPATION of working tired	N (Give kind a life, even if r	wark done 1 etired)	Ob. KIND OF BUSINESS O	R INDUSTI	11. BIRTHPLACE (S		country)	U.S.	OF WHAT COUNTRY
13. FATHER	'S NAME					14. MOTHER'S MAIDE	N NAME			
F	red C	Braun				Barbar	a Kett	ceman		
15. WAS DE		IN U. S. ARA		16. SOCIAL SECURITY NO	D. 17. IN	FORMANT	997 .	Address		
No					F	lobert O, E	Braun; A	rlington,	Virgir	nia
Candit gave ri	PART I. DEATH 12 X Itions, if one ise to immediating the ur	WAS CAUSEI MMEDIATE CA D y, which ote couse	D 8Y:			ve heart f				VTERVAL BETWEEN INSET AND DEATH
ST ST				IS CONTRIBUTING TO DEA					N IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
	TERNAL CAUS	RIBUTING	20b. DES	CRIBE HOW INJURY OCC	URRED. (Er	iter noture of injury in	Part I or Port I	f of item 18.)		
2	AE OF INJURY our a. m. p. m.	Month, D		Not while Not while of work at work	20e. PLAC focto	E OF INJURY (Home, ry, street, affice bldg.,	form, 20f. (Cit etc.)	ly or fawn)	(County)	(State)
ACTUA SIGNAT	on death r	esulted fro	m: Natur	he remains describe		Suicide [], M.D. CHIEF-MEDICA ASSISTANT ME	Homicide L EXAMINER C		Inquiry 1	DATE SIGNED
NAME		John T.			TWENT TO		TAL EXAMINER	Ta Occide	ry 20,	1958
REMOV	AL (Specify)	1, 22b. DATE	/= O	22c. NAME OF CEME			100000	ATION (City, town, o		(Stole)
Buri	al DIRECTOR'S	11/23/	/58	ADDRESS A	incol	In Cemeter		lmar Mand	-	
23. PUNEKA			ng U		anul		REC'D BY REGIS	- 1	TRAR'S SIGNA	DAE
I.	dasci	n's Sol	us my	attsville M	al y L	DATE	JAN 2 4 '3	DO ILLUS	- essella	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 998 **CERTIFICATE OF DEATH** Reg. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY ed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital). ive street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO NAME OF Middle First 4. DATE Day Year DECEASED EORG WASHINGTON (Type or print) DEATH 195 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Manths Min. rbon papers. DIVORCED [WIDOWED 1 cample 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Nat while at wark at work p. m 195 That I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred at I P M, from the causes and on the date stated above. ADDRESS (Street, city or town, DATE SIGNED ACTUAL shauld PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. PATE THEREOF 22g NAME OF CEMETERY OR CREMATORY 22d. LOCATION City Jawn, or county) (State) page REMOVAL (Specify) 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 746 REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A15 (4) 15M 10/57

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: P.	may be retained by haspital ar attending physician.	TO FUNERAL DIRECT AT After this certificate has been signed by the attending physician and completely filled in by the first direction and completely filled in by the	page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed	the registration to burial, cremation, or remaval, and in any event within 72 haugs after death.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1067

CERTIFICATE OF DEATH

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Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY Prince George's b. COUNTY Prince George's MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Camp Springs Years Camp Springs , Maryland d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6251- Allentown Road S.E. YES NO I NAME OF First Middle 4. DATE Year DECEASED HATTIE C. BROWN (Type or print) Jan. 5th. DEATH 10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys White Female WIDOWED KK DIVORCED [7] April 7th, 1870 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Domestic Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs Lillian P. No None Sellner Same As # 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour a. ft. foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from 1952) that I last saw the deceased and that death accurred at I.A. M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL 5241- St. Barnabas Road S.E. Jan. Washington 21, D.C. PHYSICIAN'S JO HN T. LYNN. NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Jan. 7-58 Cedar Hill Cemetery Suitland, Maryland. **FUNERAL DIRECTOR'S SIGNATURE** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hope Rd. S.E. Washington 20, D.C. DATEAN 8 Leavel

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		MARYLAND	STATE DEPAR	TMENT	OF HEALTH	-BALTIM	ORE, 18		00991
		999	CERTIF	ICATE	OF DEATH	1	Re	eg. Dist. No.	
	PLACE OF DEATH o. COUNTY Prince		MARYLA	0	STATE Md		COUNTY _	Residence before	e admission)
	b. CITY OR TOWN (If outsid RURAL and give nearest to Cheverly, Md	own)	60 Days	11ь с.	Kent Vill		nits, write RURA	L and give near	rest town)
	d. NAME OF HOSPITAL (IF IN OR INSTITUTION Prince Georg			/ d	STREET ADDRESS 7223 Fores	st St.			ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First Matie	Middle A.	Bucha	Lost I nan	4. DATE OF DEATH	Month Jan	17	Yeor 1958
_	emale 6. co	White widow	RIED NEVER MARRIED		20-80	9. AG lost		UNDER 1 YEAR onths Days	Hours Min.
	usual Occupation (Giv during most of working life	s kind of wark done 10b. reven if retired)	KIND OF BUSINESS OR		Ten	N		12. CITIZEN OF	WHAT COUNTRY?
	FATHER'S NAME ANTES	Buc	CHANAN	/	MOTHER'S MAIDEN N	IAME 5		ADA	-ins
	WAS DECEASED EVER IN U. s, no. or unknown) (If yes, gi	s. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORM		(Daught	Address er) S	ame as	above
	18. CAUSE OF DEATH [E		ine for (a), (b), and (c),	rel	Hem	onl.	ge	INTE	ET AND DEATH
	Conditions, if ony, wh		rluiss	lerot	in Hy	pula	mi		
	cause (a), stating the <u>unc</u> lying cause last.	DUE TO		14	ent /	der			
CATION	PART II. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT R	ELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN	IN PART 1(0) 19	PERFORMED?
L CERTIF	200. ACCIDENT WAS UND OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDIC,	USE OF DEATH	CRIBE HOW INJURY OCC	,			tem 18.)		
MEDICA	20c. TIME OF INJURY Mor Hour a.m. p.m.	nth, Day, Year 20d. I While at wor	_ Not while_	De. PLACE OF factory, st	INJURY (Home, farm, reet, affice bldg., etc.	20f. (City or tow	rn)	(County)	(State)
	21. I certify that I alive an	ttended the decease	sed fram. 19.	53 leath accu			causes and	an the dat	w the deceased e stated above.
	ACTUAL SIGNATURE	Bru	me	M.D	>40900	ADDRESS (Street, ci	by or town, stol	e)	PATE SIGNED
	PHYSICIAN'S Dr.	Musser			Lan	Love	1 Hel	lo l	ud.

TO HOSPITAL OR ATTER moy be retained by to FUNERAL DIRECTO VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

220 BURIAL, CREMATION, 22b. DATE THEREOF

ADDRESS

22c. NAME OF CEMETERY OF

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 100 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

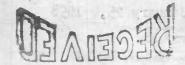
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Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Maryland Pr. Geo. Prince Georges b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly D.O.A. Lakeland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frince Georges General Hospital 5105 Navahoe Street YES NO IN NAME OF DATE Last Month Year DECEASED 25 Elsworth 19 58 (Type or print) James Cager DEATH January 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Male Col. 3-22-1892 WIDOWED | DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) F2. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Susie Matthews Cager 15. WAS DECEASED EVER IN U. S. ARMED FORCES? | fd. SOCIAL SECURITY NO. 17. INFORMANT (Yez, no, er unknown) [If yes, give war or dates at service] Rose Adams: same address as #2. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART F. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which Coronary thrombosis gave rise to immediate cause DUE TO (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO [200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (Stole! (County) factory, street, office bldg., etc.) While Not while 0 m of work of work D. 177 21. I certify that I taak charge of the remains described above, held an Autapsy XI. Inspection XX. Inquiry XX. and in, my opinian death resulted fram: Natural causes X. Accident . Suicide . Hamicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER NAME (Type) John T. Malonev. DEPUTY MEDICAL EXAMINER TY January 25. 220. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 1/29/58 Bacontown, Md. Bacontown. ADDRESS FUNERANDIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Rockville. Md.

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1. PLACE OF DEATH o. COUNTY Prince	e George		MARYL		USUAL RESIDENCE o. STATE	E (Where dec Md		If institution. COUNTY	-	g.	re admis	sion)
	If outside corporate lim	its, write	c. LENGTH OF STAY I		c. CITY OR TOWN		100	nits, write RL	JRAL ond	give nea	rest fow	n)
d. NAME OF HOSPIT OR INSTITUTION Prince Ge	rat (If not in hospital,		ospital	1	d. STREET ADDRE	ss 43rd.	Ave.					FARM?
3. NAME OF DECEASED (Type or print)	T	homes	Middle Grayson		lost	4. DA	TE ATH	Mont	an	19	у	Yeor 19 58
5. SEX male	6. COLOR OR RACE White	7. MARRI	NEVER MARRIE		ATE OF BIRTH	1911	9. AG	E (In years bicheloy) yrs.	Months Months	1 YEAR Doys	Hours	Min,
10a USUAL OCCUPATIO during most of worl Purchasin	king life, even if retired	1)		Rept.	Richmo			nia.		IZEN O		COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIL	DEN NAME						
Thomas C	. Carter				Annie	R. Ma	arsha	all				
15. WAS DECEASED EVE (Yes. no. or unknown) Yes	R IN U. S. ARMED FOI (If yes, give wor or doles of 1943-194	service)	ocial security no.	17. INFO	RMANT Wife			Addr	San	ne .		
	ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO	o)(e for (a). (b), and (c).)	ho	eneum	n mie		24		INTE	ERVAL BI	DEATH
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	the under-		t new	op	see -	etu (The	en le	the	re	est	
491 ×	HER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DEA	TH BUT NO	RELATED TO THE	TERMINAL DIS	EASE CON	DITION GIVI	EN IN PAR	T 1(o) 1	PERFC	AUTOPSY ORMED?
	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (E	nter noture of injur	ry in Port I or	Port II of i	tem 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	20d. IN While of work	Not while	20e. PLACE foctory	OF INJURY (Home, street, office bldg	form, 20f.	(City or tov	rn)	{(County)		(Stote)
21. I certify th	at I attended the	decease	d fram John , and that	death ac	curred at	BOA M,	ram the	_, 19_ <u>S</u>				decease
ACTUAL SIGNATURE	& burg	em.	an	M.D.	43/4	ADDRES	S (Street, ci	ty or town,	H 4	ly e	the	ATE SIGNE
PHYSICIAN'S NAME (Type)	ill BER	SE	HANN.		The	1 th	esh	/	h. 8	9		
220. BURIAL, CREMATIO REMOVAL (Specify) Burial			22c. NAME OF CEME		EMATORY /			City, town, o		yāa	(Sion	
23. FLINERAL DIRECTOR'	S SIGNATURE	Cert	ADDRESS,	Dul	24a.	REC'D BY RE JAN 2 1		245 REGIS	TRAR'S SIG	GNATUR	E	

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death. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached for the contractions. may be retained by haspital or attending physician. • FUNERAL DIRECT. A.: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 show the registrant to burial, cremation, ar remaval, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1003 CERTIFICATE OF DEATH

	1003		CERTIFIE	CATI	1-30-58 OF DE	8 et ATH			Reg. I	Dist. No.	009	95
1. PLACE OF DEATH o. COUNTY	ince George		MARYLA	ND '	USUAL RESIDEN	1		b. COU	YTY	PG		1
RURAL and give r	neorest town)		ENGTH OF STAY IN	2	Riverdale, Md						NCF	
OR INSTITUTION	AL (If not in hospital, gi	eral H	spital	/	4517Mac	lisa	n St.				ON A FA	RM?
3. NAME OF DECEASED (Type or print)	Firs	en	Middle		Chanev		4. DATE OF DEATH		Month Jan 2	Day	Yeor	
5. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED			Jan 22,	14	86 94	9. AGE (In ye lost birthdo	y) Months		Hours	4 HRS. Min.
Retired E	ON (Give kind of work d	one 10b. KIND	P Compan	NDUSTRY	11. BIRTHPLACE Ma	(State of	or foreign con and	untry)		ITIZEN O	S A	UNTRY
13. FATHER'S NAME	Joseph A Cl	naney		14	. MOTHER'S MA Julia	AIDEN N	n Becl	kett				
15. WAS DECEASED EV (Yes no. or unknown)	ER IN U. S. ARMED FORG (If yes, give war or dates of se NO		AL SECURITY NO.	17. INFOR	la A C	ıane	y	River	Address lale,	Mary	land.	
PART I. DE	ATH [Enter only one country on			ONA	RYDO	cek	USIC	ov			RVAL BETW ET AND DE	
Conditions, if gove rise to couse (o), stoting lying couse last.	the under-	ANG		ECTU VSE	CIS,	CHI	CONI	e 00	LONA	ARY/	o year	ua
PART II. OT	HER SIGNIFICANT COND	DITIONS CONT	RIBUTING TO DEATH	BUT NOT	RELATED TO TH	E TERMII	NAL DISEASE	CONDITION	GIVEN IN P	ART 1(o) 1	P. WAS AUT PERFORMI YES N	ED?
	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	URRED. (Er	nter noture of in	jury in P	ort I or Port	II of item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Yeo	r 20d. INJUR While of work	Not while		OF INJURY (Hom street, office blo			or town)		(County)		(Stote)
21. I certify to alive on	hat I attended the 2/20 AL EXAMI	, 1956	rom 5/2 and that de Notified	eath occ	curred at_1	1:00	ADDRESS (Str	the cause eet, city or to	es and on wn, state)	the da		
PHYSICIAN'S NAME (Type)	Dr.	Mende			COLI.	E.6	E PI	ARK		Md		
220. BURIAL, CREMATIC BUFF 10VAL (Specify	Jan 27,	1958	St John	ry or cr	emetery			ON (City, to			(Stote)	
23. FUNERAL DIRECTOR	ch's ons	Hyatt	ADDRESS sville Mo	i.		a. REC'I	BY REGISTI	RAR 24b. R	EGISTRAR'S	SIGNATUE	RE	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MISI VIEW			ENGLISH CONTRACTOR	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1070 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

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Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where decedsed lived. If institution: Residue of STATE b. COUNTY b. COUNTY b. COUNTY	le
	b. CITY OR TOWN (If outside corporate limits, write RURAL or RURAL and give nearest Jown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN IF outside corporate limits, write RURAL or RUBAL O	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2667 - Southern ave. ant. 202 2607 - Southern are on	e. IS RESIDENCE ON A FARM? YES NO.
	3. NAME OF DECEASED (Type or print) CHARLES SMITH CONNER DEATH	Day Year 11 - 19 5 8
1		DER 1 YEAR IF UNDER 24 HRS.
1	Managen Restaurant Oraginia	CITIZEN OF WHAT COUNTRY?
	13. FATHER'S MADE 14. MOTHER'S MAIDEN NAME 214. MOTHER'S MAIDEN NAME 214. MOTHER'S MAIDEN NAME 214. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, so, or unknown) (If yes, give wor or dates of service) 579-05-2023 agnes A. Commer 2607-South	Hun ane. S.C.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (f).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO D
- 1	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION OF CON	
	20c. TIME OF INJURY Month, Day, Year Not while of work	(County) (State)
	21. I certify that I attended the deceased from wee 15, 1957, to Jan 11, 1958, that olive on Jan 7, 1958, and that death occurred at 8 AM, from the couses and on ADDRESS (Street, city or town, state).	
	SIGNATURE Walter W Drice M.D. 4918-Hillbrook Las	n n.N. 1/11/5
ļ	PHYSICIAN'S NAME (Type) WALTER W PRICE	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county found) 1-14-58	Mary Land
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S DATE JAN 1 5 '58 ADDRESS DATE DA	SIGNATURE

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The state of the s	moy be retained by hospital or attending physician.	TO FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the meral director.	page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled with	the registror brior to buried greenotion or removed and in one agent within 72 hours often death
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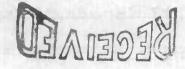
15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1004 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Prince George Marvland Prince George b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 10 Days Landover Cheverly d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 7618 Monroe George General Ave. YES NO NO NAME OF First Middle 4. DATE Lost Month DECEASED 74 10 58 (Type or print) Jan n broatt Cord DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years ost birthdoy) Months Days Hours Mala White WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SALESMAN U.S.A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 577-03-334 Louise 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MULMONAR IMMEDIATE CAUSE (o) DUE TO MACUTE CORONARY THROMBOSIS Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the under-PERTENSIVE ARTERIOSCLEROTIC lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? EXPLORATION FOR PHEOCHROMOCYTOMA YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, affice bldg., etc.) While Not while at work of work 1958 to 10 JAN 1958, that I last saw the deceased 21. I certify that I attended the deceased from 2 __, and that death accurred at Z:550.M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE 3303 PERRY ST. MT. RAINIER, M PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4)

DATE

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	DEPARTMENT	OF HEALTH—BALTIMORE,	18

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Reg. Dist. No.

01000

	PLACE OF DEATH	rince Geo	rge	1 S MAR	YLAND	2. USUAL RESIDER	yland	ed lived. If instituti b. COUNTY			dmission)
Г	b. CITY OR TOWN (I	f autside carporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TO	WN (If autside corp	orate limits, write R	URAL and g	ive nearest	town)
	Capitol	Heights		10 year	rs	Capito	l Heigh	ts 36			
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)	115	d. STREET ADD	PRESS	- /			RESIDENCE ON A FARM?
	6122 B	ass Avenu	le			6122 B	ass Ave	nue			S NO X
3.	NAME OF DECEASED	Fir	st	Middle	•	Lost	4. DATE	Mor	ith	Day	Year
	(Type or print)	Daniel	Jos	eph		D'Ambr	OSIR DEAT	Januar	У	27	158
S.	SEX	6. COLOR OR RACE	7. MAR	RIED A NEVER MARR	ED B.	DATE OF BIRTH		9. AGE (In years _lost birthdoy)			JNDER 24 HRS.
	Male	White	WIDOW	VED DIVORCE	ED []	May 3,	1907	50 yrs.	Months	Days Ho	ours Min.
100	. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	dane 10b.	. KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLAC	E (State ar foreign	country)	12. CITI	ZEN OF W	HAT COUNTRY?
	Guide	ing me, even il tellied	S	ight-see:	ing	Dist	rict of	Columb	ia	U.S.	Α.
13.	FATHER'S NAME					14. MOTHER'S M	AIDEN NAME				
	Joseph	D' Ambros	ia			U	nknown				
	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. INF	ORMANT		Add	ress		
1	No	ir yes, give wor or dates or s	ervice)		Mrs	Sara	h D'Amb	rosia	Same	as #	#2
F	18. CAUSE OF DEA	TH [Enter only one co	use per li	ine for (a), (b), and (c)							AL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	, I	ntracran	ial h	nemorrh	ages			ONSET	AND DEATH
	4421	DUE TO									
	Conditions, if or	ny, which) (b	C	ardiovas	cular	renal	diseas	е			
	gave rise to it	mmediate (-								
	lying couse lost.	the under-	1								
Z	PART II. OTH	IER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO TH	HE TERMINAL DISEA	SE CONDITION GI	EN IN PART	1(a) 19. V	VAS AUTOPSY
CATION											ERFORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRED.	(Enter noture of in	njury in Part I ar Pa	ort II of item 18.)			
	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. I	INJURY OCCURRED	20e. PLAC	E OF INJURY (Ho	me, form, 20f. (Ci	ty ar tawn)	IC	ounty)	(Stote)
MEDICAL	Haur a.m. p. m.	19	While at wo		facto	ry, street, affice b	ldg., etc.)				, , ,
1						1050	Ton	27 .58			
	alive an Jaj	at I attended the				5	10 0 dill	27 , 158	,that I I	ast saw	the deceased
	alive an oal	10 20	, 12	and that	death o	accurred at 2		om the causes of Street, city or town,		e date s	stated abave. DATE SIGNED
	ACTUAL	10) -	11 1		Ton		20		7/1	27/58
	SIGNATURE	ma		7 70	TI W.	D. FOI.	estvill	e, Mary	BRITO	7/6	-1/20
	PHYSICIAN'S NAME (Type)	James I.	Воу	d, M.D.				1-57			
220	BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEN	ETERY OR	CREMATORY	22d. ±0C	ATION (City, tawn,	or county)		(Stole)
1	BEMOVAL (Specify)	1-29	. 38	Cedar	1 til	& Cem	1 24	itlank	- ma	2	
23.	FUNERAL DIRECTOR	S SIGNATURE A. CU	m	ADDRESS		2	a. REC'D BY REGI		STRAR'S SIG	NATURE	Un Charles
1	21 Fun	oral Ha	mo	, 300 4	The 17	471 E D	ATE JAN 2 9	'58	المره المرا	ica	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	ince George	25		MARYLA	- 11	2. USUAL RESIDENCE (V		b. COUNTY		-		
b. CITY OR TOWN (IF RURAL and give nec	outside corporate limi prest town)		c. LENGTH (OF STAY IN	16	c. CITY OR TOWN (II	outside corp	orote limits, write R	URAL ond g	Georgive neare	PES est town))
d. NAME OF HOSPITA OR INSTITUTION						d. STREET ADDRESS	tsvill					FARM?
	ice George		aral Ho	ospita	a I II	54108	pring	Lane			162	NO 🔼
3. NAME OF DECEASED (Type or print)	Osh	orne		Middle		Deavers	4. DATE OF DEATH	Mon		Day		Yeor 19 ER
s. sex Male	6. COLOR OR RACE	7. MARRI		R MARRIED		DATE OF BIRTH 17 Mar. 19	06	9. AGE (In years lost birthday)	IF UNDER	-		
100. USUAL OCCUPATION	ng life, even it refired	done 10b. K	CIND OF BUS	INESS OR I				SL yrs.				COUNTRY
Mana 13. FATHER'S NAME	ger	Re	estaur	ant		N. Carlon				JS	A	
	urgan Dea	vers				14. MOTHER'S MAIDEN	y Sher	herd				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. S	OCIAL SECUI			ORMANT		Add				
Yes	W W 11				Nel	lie Mae De	avers	Hyattsv	ille,	Md.	e	
Conditions, if an gave rise to im couse (a), stating the	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y. which mediate)	ce	non		y ocele			~	INTER	VAL BE T, AND	TWEEN DEATH
2			ONTRIBUTING	O DEATH	I BUT N	OT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	EN IN PART		PERFO	AUTOPSY RMED?
	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW IN	JURY OCCI	URRED.	(Enter nature of injury in	Port I or Por	rt II of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While	Not while of work	e	e. PLAC focto	E OF INJURY (Home, far ry, street, office bldg., et	m, 20f. (Cit	y or town)	(C	ounty)		(Stote)
21. I certify the alive on	14 he	195 year	Clear	d that de	eath a	ccurred at 1'00	A.M. from	treet, city or town.	ind an th	e date	state DA	deceased d abave. TE SIGNED
NAME (Type)	Dr. T. Be						yattsv	ille Md.				
BUTTON (Specify)	Jan 3,		22c. NAME C			n Cemetery		TION (City, town, of mar Mano		1.	(State	•)
23. FUNERAL DIRECTOR'S	Gasch's S	ons	ADDRESS Hyat	tsvil	le,	l n n r	6 1		TRAR'S SIG		rie	· ly
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VS A15 (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIN ORE, 18

FOR STATE HEALTH DEPT

ory, please The Page of Health,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the certification withing the word "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral ding 4 should be farmed at the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baarr or its devianated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after device.

VS. A15ME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1008 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01003 Reg. Dist. No.

	a. COUNTY					SIDENCE (Where		COUNTY -	-	admission)
-				3	AD .		and	LT		
	b. CITY OR TOWN (If and give nearest town)	outside corporate timits, writ	PURAL	c. LENGTH OF STAY IN	c. CITY OF			ts, write RURAL o	nd give neare	si tawn)
L	Cheverl	y		D.O.A.	16	Mount	Rainier			
	d. NAME OF HOSPITA	AL OR INSTITUTION (If nat in has	spital, give street address)	d. STREET				e.	IS RESIDENCE
	Prince G	eorges Gen	County C							
3.	NAME OF DECEASED (Type or print)	First Middle Lost 4. DATE OF DEATH Jan. 5. 15 6. COLOR OR RACE WIDOWED DIVORCED May 21, 1885 TOWN (Give kind of work done king life, even if retired) Hotel Alsace Lorraine 14. DATE OF DEATH P. AGE (in years left Under 17EAR IF UNder 17EAR) Months Days Hours TON (Give kind of work done king life, even if retired) Hotel Alsace Lorraine 12. CITIZEN OF WHAT (Windles of terrice) 14. MOTHER'S MAIDEN NAME Lite De Ridenat EVER IN U. S. ARMED FORCES? If UNDER 17EAR IF		-10						
5.	SEX					Н	9. AGE (III		R TYEAR IF	70
	Mole	white	WIDOWE	D DIVORCED	May	21. 788		wottus	Days Ha	urs Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INC					TIZEN OF WI	HAT COUNTRY?
	during most of workin	g life, even if retired)								
12				HoreT			THE CONTRACTOR OF THE PARTY OF		U.S.A.	
13		Deliver of the			14. MOTHER'S	MAIDEN NAME				
					J	leanne (Maiden n	ame unkn	own)	
	. WAS DECEASED EVI			SOCIAL SECURITY NO. 1						
					Jeanne	De Rid	enat. 46	00 30th	St. Mt	. Rainie
	18. CAUSE OF DEAT	TH [Enter only one cou	se per line	for (a), (b), and (c).]					INTERVAL B	ETWEEN MA
	PART I. DEAT	H WAS CAUSED BY:		Candina Tam	n ama da				ONSET AND	D DEATH
	1311	7		Carolac lam	ponade				-	
	44									
				Rupture of	Left Vent	ricle				
	cause last.	(c)		Cardiovascu	lar Renal	Diseas				
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH B	IT NOT RELATED TO	THE TERMINAL	DISEASE CONDITI	ON GIVEN IN PA	RT 1(a) 19. W	AS AUTOPSY
ATE	Kai Part									
IFIC	20a. EXTERNAL CAU	SE WAS 20	b. DESCRIB	E HOW INJURY OCCURRED). (Enter nature of in	tiury in Part I ar	Part II of item 18	1	1.20	3 110 []
CERTIFICATION	PRIMARY Or CON	TRIBUTING [,		
	200 TIME OF INTUE	Y Month Day Yes	r 204	INITIRY OCCUPRED 120-	PLACE OF INTERVE	Hama form 10	of ICity on town?	10	auntu)	15
MEDICAL	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Uring most of working life, even if retired) Chef. Hotel Alsace Lorraine 14. MOTHER'S MAIDEN NAME Hypolite De Ridenat WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Jeanne De Ridenat, 4600 30th St. Mt. F PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY. Conditions, if any, which gave rise to immediate cause (a), stating the underlying (c) Cardiovascular Renal Bisease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOR YES IN MARK or CONTRIBUTING COURRED CAUSE (b) (Country) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOR YES IN MARK or CONTRIBUTING COURRED CAUSE (b) (Country) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOR YES IN MARK or CONTRIBUTING COURRED CAUSE (C) (Country) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOR YES IN MARK or CONTRIBUTING COURRED CONTRIBUTION COURRED CONTRIBUTION COURSE CONTRIBUTION COURRED COURSE CONTRIBUTION COURSE CONTR		(State)							
	21. 1 certify th	of I took charge	of the	remoins described o	bove, held on	Autopsy], Inspectio	n XI. Inqu	iry XI.	and in my
	opinion death	resulted from:	Vatural (couses [7]. Accider	t []. Suicide	e Hom	icide [] I	ndetermined	monner	
		/		1		,o			monnet [_
	ACTUAL	De S	PAN	alances	CHIEF	AFDICAL EYALL	UED [7]		DA	TE SIGNED
	SIGNATURE	DIM		arener	M.D.					
	EXAMINER'S									
	NAME (Type)	Mohn T. Ma		, M.D.	DEPUTY	MEDICAL EXAM	INER DI J	anuary 5	, 1957	
	Creation Crematio	1/9/58	F	Fort L ncol			Colmar			State)
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		240. REC'D BY		. REGISTRAR'S SI		
	w/s	ch's Sons	Hva	ttsville. Mo		DATE N 9	158	Hedu		
	· das	011 0 -0110	11Ja	COSTILLS IN		DATE				

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1009 **CERTIFICATE OF DEATH**

01004

Reg. Dist. No.

1.	o. COUPLINCE	George		MARYLAND	2. USUAL RESIDER	NCE (Where decease Md.	ed lived. If institut b. COUNTY	rion Residence b	efore odmiss Pr. G	eo's
	b. CITY OR TOWN (I	f outside corporate limi core (nown)	ts, write c. LENGT	TH OF STAY IN 16	c. CITY OR TO	wn (If outside corp		RURAL ond give		1)
/		At (If not in hospital, george Gener		al	d. STREET ADD	emple Hil	l Road			FARM?
3.	NAME OF DECEASED (Type or print)	Fie	 Villiam	Middle Dicker	tost tost	4. DATE OF DEATE	Jan	nth 7	Day	Year 58
	White	6. COLOR OR RACE	WIDOWED [DIVORCED	B. DATE OF BIRTH Jan. 4-		9. AGE (In years last orthday) yrs.	Months Doy		R 24 HRS. Min.
10	during most of work Retired	DN (Give kind of work king life, even if retired	3	BUSINESS OR INDU		E (Stote or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY
13	. FATHER'S NAME				14. MOTHER'S M	AIDEN NAME				
	James L.	Dickerson			Dore	uN UN	KN.			
15		R IN U. S. ARMED FOR		CURITY NO. 17.	INFORMANT .		Add	dress		
		(it yes, give not or outer or s	arvice)	Mr	s Lucy A.	Dickerso	n · Same	e as # 2	D.	
NO	Conditions, if a gove rise to it couse (o), stoling lying couse lost. PART II. OTH	mmediate Dus To	ch, c	ING TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL DISEA	e def	VEN IN PART 1(o) 19. WAS	AUTOPSY
15										RMED?
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOV	V INJURY OCCURRE	D. (Enter noture of in	njury in Port I or Po	rt 11 of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye 19		while fo	ACE OF INJURY (Hoctory, street, office b	me, form, 20f. (Cilldg., etc.)	y or town)	{Coun	ly)	(State)
722	alive on	Jan. 10-	1958, 1958,	ond that death ME OF CEMETERY COLS Comete	M.D. 37/)	22d. 10C/ Cam	m the causes of treet, city or town, treet, city or town, treet, city or town, treet,	or county)	date state Di 1-7	above.
J.	FUNERAL DIRECTOR'S	Brother	1661 ADD	Good Hope		ATE JAN 9	TRAR 246 REG	ISTRAR'S SIGNA	TURE	11 7

CENTRICATE OF DEATH

BUREAU V. S.

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BECEIVED

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1010

CERTIFICATE OF DEATH

01005 Reg. Dist. No.

	PLACE OF DEATH COUNTY Prince Geo	orge		MÂRYL	4440	usual RESIDENCE (o. STATE Maryland		lived. If institution		befare a	dmission)
	CITY OR TOWN (III RURAL and give no Cheverly	f outside carporate limi carest tawn)	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (rate limits, write R	URAL and giv	e nearest	town)
	NAME OF HOSPIT	AL (If not in haspital, g	al			d. STREET ADDRESS		1			S RESIDENCE ON A FARM? ES NO
1	NAME OF DECEASED Type or print)	Sarah	st	Ellen		Dobson	4. DATE OF DEATH	Jan	th	Day 21	Year 19 58
5. 9	Female	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	_	April 27,	1875	9. AGE (In years last birthday) 82 yrs.			JNDER 24 HRS. Durs Min.
10a	during most of work Housew	ing life, even it refired		KIND OF BUSINESS OR	INDUSTRY	England	-	untry)	12. CITIZ	EN OF W	HAT COUNTRY?
	FATHER'S NAME John Will	iam Hutch	inso	n	1	Eliza Duc					
1S. (Yes		R IN U. S. ARMED FOR lift yes, give wor or dates of a		social security no.	17. INFO	hn N Dobs	son Co	llege Pa		d.	
	PART I. DEA: 4442X Conditions, if or gave rise to in cause (a), stating the lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO ny, which mediate the under- (c)	Ch	Provide failur	do	nggstu Ed	re	fear Jons	of the street	ONSET	AL BETWEEN AND DEATH
CATION	Arle	us de	ele	CONTRIBUTING TO DEAT	and	o-Vare	use-10)	der	EN IN PART	P	VAS AUTOPSY ERFORMED? S NO
L CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (I	inter nature af injury	in Part I ar Part	II af item 1B.)			
MEDICA	20c. TIME OF INJURY Have a.m. p. m.	Y Month, Day, Yeo	While	NJURY OCCURRED Nat while of work	PLACE factory	OF INJURY (Hame, for, street, affice bldg.,	orm, 20f. (City	ar tawn)	(Co	unty)	(State)
	21. I certify the alive an	at I attended the	decease	and that a	death ac	1907, to curred at 10:	AM Fram	the causes of the cause of	ind an the	st saw date :	the deceased stated above. DATE SIGNED -21-5
	PHYSICIAN'S DY	. Walcott	Etier	nne		Colle	ge D	larg	70		The first time that the same time after the same time to
220	BURIAL, CREMATION REMOVAL (Specify) Burial	1/24/58	F	Fort Lin		Cemetery	Colm	ar Mano	r, ad.		(Stote)
23.	FUNERAL DIRECTOR'S		Hyat	ADDRESS tsville, M	d.		EC'D BY REGISTE		STRAR'S SIGN	- //	

CERTIFICATE OF DEATH

BUREAU K. E.

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OR STATE EALTH DEPT.

for dir any delay is no the funeral y be retained It the State Bo offer may t v death. 2, and 3 age 5 ma and 2 with 6 24 hours ofter dean... Give Pages 1, 2, and M. form PM3. Page 5 poges l a ong with buriof-transit Office pencil pending in pical Examiner e used as c Chief Medical E Poge ? oge

CTOR Forward 4 should 10 FUNERA 40 VS. AISME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11) MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01006

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Prince Georges Pr. Georges b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D.O.A. Mount Rainier Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 4601 29th YES NO Street 3. NAME OF Middle 4. DATE Month Yeor DECEASED (Type or print) Marie Barbara Donnelly DEATH 19 58 January 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. Months Hours Min. Days Female white WIDOWED [DIVORCED [10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own home Housewife Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ollie Pancoast 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, er unknown) (If yes, give war or dates of service) Thomas Donnelly: same address as #2 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] CINSET AND DEATH PART I. DEATH WAS CAUSED BY Acute congestive heart failure IMMEDIATE CAUSE (o) DUE TO Cardiovascular Renal Disease Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CATION PERFORMED? NO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while Hour o. m. of work of work D. m 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection XX. Inquiry XI. opinion death resulted from: Notural causes T. Accident ... Suicide | Homicide | Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER** DEPUTY MEDICAL EXAMINER TY January 5. NAME (Type) John T. Maloney, M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ort Lincoln Cemetery Colmar Manor, Md. 1/8/58 Burial 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 246-REGISTRAR'S SIGNATURE Sons Hyattsville Md. Gasch's Acrech

DATE JAN 9

I to be such seine in length of the I sandled draud on line mooth that her as and to Tape Verilles averended BUREAU V. A. Comment of the state of the sta

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CERTIFICATE OF DEATH Reg. Dist. No. 1 () () 7 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed b. COUNTY MARYLAND 勘 CITY OR TOWN (If outside corporate liffilis, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give megrest lown d. NAME OF HOSPITAL (IF not in pospital, give street address)
OR INSTUUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T NAME OF First Middle 4. DATE Year DECEASED (Type or print) OSCAL DEATH 1950 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED A DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Larmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL-SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) none 20 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cattse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO P 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) o. m. While Not while at work at work p. m. 19 8 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 12 77 M, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL pe should Page 3 shou CEMANN PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) CREMONAL GERGIA Lincoln Crematory 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) F. Gasch's Sons Hyattsville Maryland.

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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		. 1	W	DIC	AL EX	KAMIN	IER'	S CERT	IFICA	IE OF	DEATH		Reg. Dis	i st. No.	17(108
PLACE	OF DEATH			-				11	ESIDENCE (V	Where decea	sed lived. If ins		n: Resider	nce befo	re admi	ssion)
a. CO	Pr	ince G	eorg	ges		MAR	YLAND	o. STATE	Mar	yland	b. COU	NTY	Pri	nce	e Ge	org
b. CIT	Y OR TOWN (I	f outside corporate	limits, writg	RURAL	c. LEN	IGTH OF STAY	Y IN 1b	c. CITY C	R TOWN (II	outside cor	porote limits, w	ite RU				
	Bow					34 y	rs.	X	Bow:	ie						
d. NA	ME OF HOSPIT	AL OR INSTITU	JION (II	f not in h	ospitol, gi	ve street addre	ess)	. STREET	ADDRESS	Marin 1					e. IS RI	SIDENCE A FARM
	Lanha	m Sev	ern	Roa	d				Lanl	nam S	everen	Ro	bac			NO
. NAMI			Firs	t		Middle		L	ost	4. DATE				Day	Y	ear
	ar print)	Susi	е		Pe	arl	Di	uley		OF DEATH	Janu	ar	y	12	1	958
. SEX		6. COLOR O	R RACE	7. MARI	RIED	NEVER MARRIE	ED B	DATE OF BIR	ТН		9. AGE (In years lost birthday)		UNDER 1			
F	emale	whi	te	WIDOW	ED)EX	DIVORCED		12-1	0-1896	,	61 y		anths D	Days	Hours	Min.
o. USU	AL OCCUPATI	ON (Give kind on life, even if	of work d	ane 10b.	KIND OF	BUSINESS OF	NDUS1						12. CITIZ	EN OF	WHAT	COUNT
		raphe:						M	laryla	nd.			TI	.S.	Α.	
3. FATH	ER'S NAME							14. MOTHER	S MAIDEN 1	NAME						
	More	an The	omas	J	ones				Cla	ra E		Par	cson	5		
5. WAS	DECEASED EV	ER IN U. S. AR	MED FOR	CES? 116		SECURITY NO). 17. II	NFORMANT			Addr					
79.	VO VO	(If yes, give wor o	ir dates of s	ervice)			V	Vilton	Beal	7 Day	ley; S	ame	as	#2)	
gave (a),	ditions, if a rise to imme stating the se lost.	ny, which diate cause	(b)_ OUE TO (c)_			Hangi	ng									
	PART II. OTI	HER SIGNIFICA									E CONDITION (GIVEN	IN PART		WAS / PERFO	NO 5
PRIM	EXTERNAL CAN ARY ET OF CO SE OF DEATH.	JSE WAS NTRIBUTING [20b	. DESCRI		ging;	RRED. (E	nter nature of Lf inf	injury in Por 11cte	_	af item 18.)					
20c.	TIME OF INJU Haur aX例 p. m.		Day, Year	Whi	ile h	OCCURRED :	20e. PLA	CE OF INJURY ory, street, affice home	(Home, farm te bldg., etc.)	or tawn) OWie	P	(Caun			(Stote Md
dea ACTI SIGN	th resulted	from: No		auses	alor	s describe		_M.D. CHIEF	MEDICAL EX	Y , I KAMINER AL EXAMINE	nspection [ndetermined	Z, I	Inquiry	√ ☒,	and f	ind t
PO. BURI		N, 226. DATE			22c. NA	ME OF CEME		cmematory emeter	v	22d. LOCA	TION (City, town	n, or c			(Slate	-
3. FUNE	RAL DIRECTOR	S SIGNATURE		EZI	AE	oress le Md.		V	24a. REC'	BY REGIST	RAR 246. RE		AR'S SIGN	NATURE		

OBVIBORY SPEE TI NAU

MEDICAL EXAMINER'S CIRTIFICATE OF DEATH

Oleran FF

Hyattsville Md.

VS A15 (4)

15M 10/57

F. Gasch's Sons

Jan 28, 1958-IF UNDER I YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY USA Address D. M Smiley 5813 Landover Rd Cheverly Md. INTERVAL BETWEEN ONSET AND DEATH Omely PERFORMED? YES NO THE (County) (State) . 192 that I last saw the deceased and that death occurred at I 2000 from the causes and an the date stated above. ADDRESS (Street, city or town, stote) 22d. LOCATION (City, town, or county) (State) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Prince Georges

e. IS RESIDENCE

ON A FARM?

YES NO NO

Year

Testing

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HOSPITAL

attraction C: R. delen-3.V UABRUA 25 Et most 25 At 2 holling Barner 612+ control ArayN 34/33/3 HM. BRAIN in Capital Hale Age

HOSPITAL 0 VS A15 (4) 15M 9/55

COCT F G. WM 2011 CHARE F

BUREAU V. Z.

838: DI IVVI

IS RESIDENCE ON A FARM? YES TO NO 14

F UNDER 24 HRS.

Hours

INTERVAL BETWEEN DINSET AND DEATH

(County)

PERFORMED? NO TH

(State)

and in my

DATE SIGNED

VS. A15ME 5M 2/57

BUREAU K

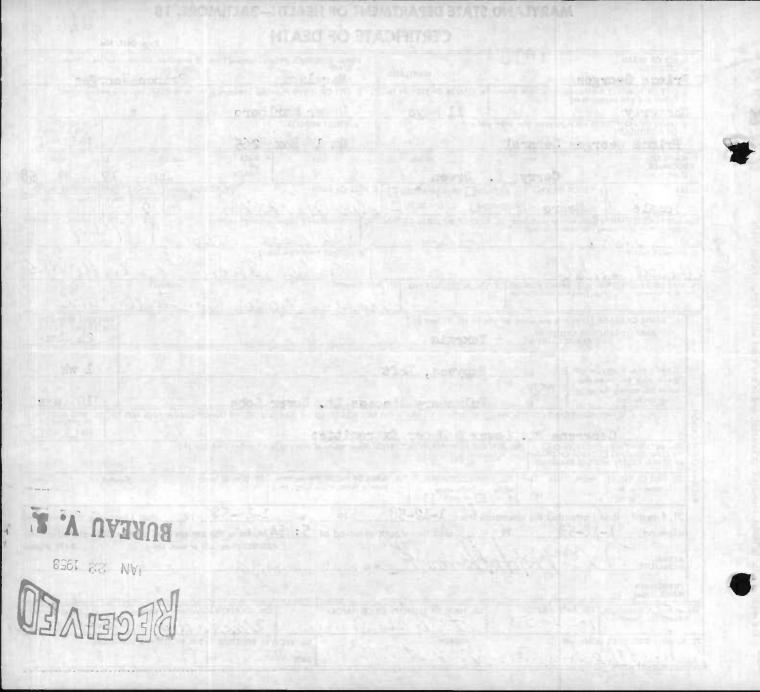
, 8561 TE NVI

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VS A15 (4) 15M 10/57

CEDT	IFIC:	ATE	OF	DE	ATL
CERT					Δ

			CERTIF	ICA	ATE OF DE	ATH	1		Reg. I	Dist. No.	0201	U
1. PLACE OF DEATH o. COUNTY Prince Geo	rges	113	MARYLA	AND	2. USUAL RESIDEN o. STATE Mary L		ere deceased	b. COUN		a		
b. CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF STAY IN	v 16	c. CITY OR TOV		utside corpor					
RURAL and give ned	arest town)	ALC: N	11 Days		X Upper	Man	Thoma					
d. NAME OF HOSPITA	AL (If not in hospital,	give street o			d. STREET ADD		TDOLO			1	e. IS RESIDEN	ICE
OR INSTITUTION	orges Gene	mal .			/ Rt 1	Rose	265				ON A FAR	
. NAME OF		rst	Middle		Lost	DUX	4. DATE		Month	0		
DECEASED (Type or print)		_			LUST		OF DEATH			Do)		ر م
i. SEX	6. COLOR OR RACE	4	Green ED NEVER MARRIED	971	B. DATE OF BIRTH		DEATH	9 AGE (In wa	Jan	19	19 IF UNDER 24	HRS
		WIDOWE		_	16, 21	11	200	9. AGE (In yellost birthdo	y) Months			Ain.
Female 0o. USUAL OCCUPATION	Negro	1			TRY 11. BIRTHPLAC	E (Stote	O Tolaign of		//3. 9	TITIZENI OL	FOWHAT COL	INITOV
during most of worki	ing life, even if retired	i)	nove	114003	Meli	000	d	md		1.5	a.	JINTER
3. FATHER'S NAME	a-leu,	7.93		N.	14. MOTHER'S MA	AIDEN N	Mr.	en :	laus	stre	W. m.	1d
5. WAS DECEASED EVER	IN U.S. ARMED FOI	RCES? 16. S	SOCIAL SECURITY NO.	17. 11	NEORMANT	M.	2010	Lase	Address	Po 1	me	
IR CAUSE OF DEAT	TH [Enter only one of	ouse per lin	e for (o), (b), and (c).]	1 110	ar w a	J.K	CVU	Foot		LINITE	RVAL BETWE	ENI
PART I. DEAT	H WAS CAUSED BY:									ONS	ET AND DEA	TH
521X	IMMEDIATE CAUSE (Toxemia								24 Hrs	3
	DUE TO)									7	
Conditions, if on gave rise to im	mediate		Empyema, Le	TE							1 wk	
couse (a), stating to	he under-	:)	Pulmonary A	bsc	ess Lt. I	OWEI	Lobe				10 Day	73
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT						GIVEN IN P	ART 1(o) 15	P. WAS AUTO	OPSY
G	angrene Rt	Low	er & Upper	Ext	remities						YES NO	
PART 11. OTHER	S UNDERLYING []	20b. DESC	RIBE HOW INJURY OCC			jury in P	Port 1 or Port	11 of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	ar 20d. IN While of work	_ Not while	Oe. PLA	ACE OF INJURY (Hor tory, street, office bl	ne, farm, dg., etc.	20f. (City	or town)		(County)	(Stole)
21. I certify the	at Lattended the	decense	d fram 1-12-5	58	. 19	la	1-19-	58 10	that	Llost so	w the dec	9010
alive on 1	-18-58	19_		leath	/			Cananat 1/a.	c and an	the det	o stated -	how
	1 100		a'/ did ilidi d		decorred ut_2			reet, city or to		me doi	DATE S	
ACTUAL SIGNATURE	Mills.	140	Phrook		W.D							
PHYSICIAN'S NAME (Type)									4			
20 BURIAL CREMATION REMOVAL (Specify)	1-22-3	0F 5-8	22c. NAME OF CEMET	ERY OF	CEMATORY		22d. LOCAT	ION (City, tow	n, or county	me	distote)	2
3. PUNERAL DIRECTOR'S	SIGNATURE	tas 1	ADDRESS	17		o. REC'E	BY REGIST	RAR 24b. R	EGISTRAR'S	SIGNATUR	E	
1-1-1	war				D	VIE AN	111 6 2		00/			



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer

may be retained by

VS A15 (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1014

CERTIFICATE OF DEATH

Reg Dist No

01014

								g. 0111. 110,	
1. PLACE o. COI	of death unty ince Ge	or ge		MARYLANI	2. USUAL RESIDENCE (V o. STATE Maryland	Vhere deceased liv	b. COUNTY	Residence before	
Che	AL and give ned	M		c. LENGTH OF STAY IN 11	c. CITY OR TOWN (III	outside corporate	limits, write RURA	L and give neare	st town)
d. NA	ME OF HOSPITA	L (If not in hospital,		address)	d. STREET ADDRESS				IS RESIDENCE ON A FARM?
		orge Gener	al		9111 Wall	ace Road		,	res NO
3. NAME DECEA (Type of		Osoci	int 227	Middle	Greene	4. DATE OF DEATH	Month	Day	Yeor 1958
S. SEX		6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		9. /	AGE (In years IF U	INDER I YEAR IF	
Ma		Colored	WIDOWI	ED DIVORCED	nov 22-1				tours Min.
durin	AL OCCUPATION OF WORK	N (Give kind of working life, even if retire	done 10b.	KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (Stot	e or foreign count		4-S.	WHAT COUNTRY
a	scar,	These	00		armie	TANTE			
15. WAS (Yes, no. or		IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	INFORMANT L	heene	Address 9114	Malla	. Rd.
18. 0		H [Enter only one of H WAS CAUSED BY: IMMEDIATE CAUSE ((o) De	ne for (a), (b), and (c).]	left Verte	ha a	itery.		AL BETWEEN AND DEATH
gav cous lyin	e rise to im e (a), stoting the g cause lost.	mediate DUE To	(c) /d	ente Pr	I. Congrammed. Cost. UT NOT RELATED TO THE TERN	Sels.	Ah des.	۷.	
CERTIFICATION 300° COS			101110113	CONTRIBUTING TO DEATH B	OT NOT RELATED TO THE TERM	WINAL DISEASE CC	ONDITION GIVEN I		PERFORMED?
	ONTRIBUTING I	UNDERLYING A CAUSE OF DEATH		CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II o	of item 18.)		
	IME OF INJURY Hour a.m. p. m.	Month, Day, Yo	While	NJURY OCCURRED 20e. Not while t ot work	PLACE OF INJURY (Home, for factory, street, office bldg., e	m, 20f. (City or I	lown)	(County)	(Stole)
21.	certify the	it I attended the	e deceas	ed fram. /- 5 - 5	TS . 19, to	1-5	195 8 th	at I last saw	the deceased
alive ACTU SIGN		1-5- 12) VI	19.5 Ola	8, and that dea	th accurred at 8:10		ne causes and city or town, state		stated above DATE SIGNED
PHYS	ICIAN'S E (Type)			/					
220 BURI	AL CREMATION OVAL (Specify)	22b. DATE THERE	OF 58	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, town, or co	Rd-	(Stote)
23. FUNER	al director's	ashing	011 14	Som 467	VSt. n.W DATE	DANNEG TRA	3 246 REGISERAL	R'S SIGNATURE	

All the Bart of \$200 to be real about a part of the Price of BUREAU V. S. EZEL EL NAI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENVER 8 1958
BUREAU V. S.

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TO FUNERAL DIRE

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1015 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. NJ.1016

		COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland		institution: Residence Gerince Ge	orges	sion)
		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		, write RURAL and g	ive nearest faw	n)
7		NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION Prince Georges General	The second secon	d. STREET ADDRESS	llum Hgts	Dre.	ON.	SIDENCE A FARM?
	3. 1	NAME OF First	Middle	Lost	4. DATE	Month	Doy	Yeor
		Type or print) Baby Boy	Grin	der	OF DEATH	Jan.	17	19 58
1	5. 9	THE COLUMN TO TH		B. DATE OF BIRTH		In years IF UNDER thday) Months	Days Haurs	
7	10-	Male White WIDOW			58	yrs.		740
	Joa	USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	Me Me	ar foreign country)	12. CII	ZEN OF WHA	COUNTRY
	13.	Rayword Gren	der	14. MOTHER'S MAIDEN	ech se	Brown		
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or uphniden) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17.	Hospelal	Reed	Address		
		18. CAUSE OF DEATH [Enter only one cause per li	- 1 - 1 4-				INTERVAL B	ETWEEN D DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under. lying cause last. CAUSED BY: (b) DUE TO USE TO (c)	Prenaturi	ty (28	weeks)			ours
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	TON GIVEN IN PART	PERF	AUTOPSY ORMED?
		20g. ACCIDENT WAS UNDERLYING [20b. DES OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I ar Part II of iten	n 18.)		
	MEDICAL	Haur a. m. While		ACE OF INJURY (Hame, farm tory, street, affice bldg., etc.		(C	ounty)	(State)
1		21. I certify that I attended the deceas alive an	The del	19 TV, to accurred at 8:001 M.D. 6826 Hyatt	17	ouses and an th		
	220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	CREMATORY	Sentle	fawn, or county)	md	rle)
	23.	PUNERAL DIRECTOR'S SIGNATURE	Wash.	(), C, 240. REC'I	D BY REGISTRAR 2	4b. REGISTRAR'S SIG	MATURE	
	3	077253XVO						

闢

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	1016	CERTIFICA	TE OF DEATH		Reg. Dist. No.
1	PLACE OF DEATH COUNTY Prince George Gunty	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Conet Zdays	25 Riverda	itside carporate limits, write RI	URAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION	## ARTHURS 2. USUAL RESIDENCE (Where deceased lived. It institution. Residence before on the property of the country of the		e. IS RESIDENCE ON A FARM? YES NO	
3.	DECEASED	6.4.	N	OF T	th Day Year 8 1958
	Fernala White WIDOWED	DIVORCED	10-6-1877	lost birthday)	Months Days Hours Min.
L	Sal yation Army	OF BUSINESS OR INDUS	New	York	12. CITIZEN OF WHAT COUNTRYS
L	Thomas Faulder		Hattie N	elson	
	as, no or unknown) (If yes, give for or dates of service)	VONE 17. I	h 11 11		e Silva - Rivordale, A
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o). (b). and (c).]	y Heart	Fachire	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gove rise to immediate couse (o), stating the <u>under</u>	ugriose	lerotic,	Hearthe	seas, 10 yr
CERTIFICATION		STRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES NO DE
1	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED). (Enter noture of injury in Po	ort 1 or Port II of item 18.)	
MEDICAL	Hour a.m. While	Not while foo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the deceased alive on fun 7, 195	Y-X	accurred at 5 4 8	M, fram the causes o	
	PHYSICIAN'S L W Mal	in M.D.			
1	GURIAL 1/10/1958	FORTh INCOLN	CREMATORY Cory	22d JOCATION (City, town	ANDR AR GOO CO, HE
23	U.W. CHAMBERS Co-	NUERDALE	HO DATE DATE	BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained b MARY JAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

FITY WUTTERSONS SHOULD

BUREAU V. S.

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BECEINED

deoth: Page 4

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1017

CERTIFICATE OF DEATH

01018

								Reg. Dist	No.	
1. PLACE OF DEATH o. COUNTY	MINUM OFFICE	D 1 C	MAP	YLAND	2. USUAL RESIDENCE		h COU	NITW		
	RINCE GEORG					RYLAND			CE GEO	
RURAL ond give	(If outside corporate limit nearest town)	ts, write	c. LENGTH OF STAY	IN 1P	c. CITY OR TOWN	(If outside c	orporote limits, wr	ite RURAL ond gi	ve nearest to	own)
CHEVERI			6 Days		15 HYATTS	VILLE				
OR INSTITUTION					d. STREET ADDRES		CODE		10	RESIDENCE A FARM?
	RGE'S GENER		SPITAL			UPSHUR			163	
3. NAME OF DECEASED (Type or print)	Fir K	EVIN	Middle		HAGAN	4. DA	te ath JANUAR	Month Y	Doy 28	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED TO	DATE OF BIRTH		9. AGE (In vi	ears IF UNDER 1	YEAR IF UN	IDER 24 HRS
MALE	WHITE	WIDOWE			18 DEC 195	7	lost birthd	yrs. Months	O Hou	rs Min.
Oa. USUAL OCCUPAT during most of wo	TION (Give kind of work or brking life, even if refired	done 10b.	KIND OF BUSINESS C	OR INDUST	RY IL BIRTHPLACE (S	Stote or forei	gn country)	SC 12. CITIZ	ZEN OF WH	AT COUNTR
3. FATHER'S NAME		51		4-5	14. MOTHER'S MAID	EN NAME	1	7		
*oset	The So	XI	gan		500	u	2	Van	us	2
S. WAS DECEASEDEN	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17/1 IN	FORMANT	21		Address		
in the state of th	(ii yes, give wor or oures or se	n vice)		10	seph S.	Hag	lan	ab	3-0	
18. CAUSE OF DE	EATH [Enter only one co	use per lin	e for (o), (b), and (c).	1//	-1	- /	7		INTERVAL	BETWEEN
	EATH WAS CAUSED BY:	W.	1.1	1-1.					ONSET AN	ND DEATH
501x	IMMEDIATE CAUSE (o		rekio bruse	ulles					4 a	ay 3
	DUE TO	0	- / /	,						0
Conditions, if	10	ler	on chapmen	mery 6					6 a	ays
couse (o), stoting										
lying couse lost	<u>.</u> (c)								
PART II. O	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT I	OT RELATED TO THE T	ERMINAL DIS	EASE CONDITION	GIVEN IN PART	1(o) 19. WA	S AUTOPSY FORMED?
5 491X										NO
OR CONTRIBUTIN	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED	(Enter noture of injury	y in Port I or	Port II of item 18.	.)		
		r 204 IN	JURY OCCURRED	20m PI A	CE OF INJURY (Home,	form 204	(City on town)	16		45
20c. TIME OF INJU		While	_ Not while _	foct	ory, street, office bldg.	, etc.)	(City or town)	(Co	ounty)	(Stote)
p. m.	. 19	of work	of work							or and
21. I certify t	that I attended the	decease	ed from 1/22/	58	, 19, to_	1/28	/58 19	that I lo	ast saw th	e deceas
alive on 28	January	, 19	58_, and that	death	occurred atlas	35P M. 1	rom the cause	es and on the	e date sta	sted abov
	ω n		20				S (Street, city or to		o date sit	DATE SIGN
ACTUAL SIGNATURE	There are	1) (1	terestous	34. 1	. 1.0.	1.5 B	ot Ala	1.		125/
3IGITATORE	Vollage.	4.	70 00 0000	N	.0	K-2BAL	CAD PLIVE			2010
PHYSICIAN'S NAME (Type)	DR. THOMAS	5 A	CHRISTENS	EN	Coel	eac.	Park	Sun	ne la.	sl
20. BURIAL, CREMATI		F	22c. NAME OF CEM	ETERY OR	CREMATORY	22d. LC	CATION (City, to	wn. or county)	Is	lote)
REMOVAL (Specify		'0	200						(2)	ioie)
3. FUNERAL DIRECTO		20	ADDRESS	livei		REC'D BY RE	Jashingto	REGISTRAR'S SIGN	CATARE	
nalla.	Fuere 1	11	An a	+. 6	200	FFR 3	58	1 2 CALL	L Sa	
1 access 7	mulde	110	me m	111	acres DATE		0	11-1000		

SECENED V. S. 1959

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	1		107	6	CERTI	FICA	TE OF D	EATH	
l director, filed with	1,	PLACE OF DEATH a. COUNTY PRIM	NCE GEORG	ES	MARY	LAND	2. USUAL RESIDI	eryl:	
o ed		b. CITY OR TOWN (I RURAL and give in AVONI		ts, write	c. LENGTH OF STAY	IN 1b		onda]	utside corporati
d 2 show		d. NAME OF HOSPIT OR INSTITUTION	FAL (If not in hospital, g 2019 BRI		oddress) ON RD.		/ d. STREET AD 2019	Bri	ghton
Pages 1 and	3.	NAME OF DECEASED (Type or print)	ANN		Middle		Lost HAL	L .	4. DATE OF DEATH J &
rs. Pag		SEX FEMALE	6. COLOR OR RACE WHITE	7. MARI	NEVER MARRIE	_	6/17/	73	9.
ian and cample carbon papers. after death.	100	during most of wor Housewif	ON (Give kind of work king life, even if retired C	done 10b.	KIND OF BUSINESS O	R INDUS	~	ce (Stole o	
	13.	Carl G.	Schaefer				Moll;		
e remove 72 hours			R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.		rormant dr	iese	FOR
the ottending Then please re vent within 72			ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c	Ca	ne far (a), (b), and (c).	VE/	Veart	Fa	ilure
signed by t permit. d in any e		Conditions, if of gave rise to it couse (o), stoting lying cause lost.	mmediate Due TO		Tronch	v/	nem	one	ia
physic nas beer rial-tra	CATION	PART II. OT	HER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO	THE TERMIN	HAL DISEASE C
attending artificate t as the bur an, ar ren	L CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF				
this cert or use as crematian	MEDICAL	Hour o. m.	Y Month, Day, Ye	While of wor	Not while k of work		CE OF INJURY (H ory, street, office		
d by hasp		21. I certify stalive on	tucker	deceas , 19_0	-6/10	death	0ccurred at_	10 11 19 4- W	M, from I
AAL hou		PHYSICIAN'S NAME (Type)	1						/
o FUNER page 3 s the regist	L	P. BURIAL, CREMATIC REMOVAL (Specify) PEMOVAL	1/7/58	}	Fountain	Cer	netery		Fosto
/S A15 (4) SM 10/57	23.	The S.H.	Hines Co		290TorT4th Vashingtor			24a. REC'D DATE JA	N 8 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01010

CA	ATE OF DEAT	Н		Reg. Dist.		1013	,
ND OF	2. USUAL RESIDENCE (Where deceased land	d lived. If institution b. COUNTY	on: Residence	before	admission)	
16	c. CITY OR TOWN J	f outside corpo		URAL ond giv	re neare:	st town)	
	/d. street Address 2019 Br	ighton	n Road			IS RESIDENCE ON A FARM YES NO	12
	Lost HALL	4. DATE OF DEATH	January	*4, 1	958	Yeor	
	8. DATE OF BIRTH 6/17/73		9. AGE (In years law birthdoy) O/L yrs.	- T	_	UNDER 24 H	
NDU:	German	У	ountry)		S.	A.	VTRY
H	Molly I						
	NFORMANT Azel Gries	e A	vondale	ghton Mar	yla:	ad nd	
٤ /	Heart 7	ailur	e e		INTER	AND DEAT	
1	Heart of	ia			2	day	0
/						1	
BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART		WAS AUTOF PERFORMED (ES NO	5
JRREI	D. (Enter nature of injury	in Port I ar Par	t II of item 18.)				
foo	ACE OF INJURY (Home, for ctory, street, office bldg.,	erm, 20f. (City	y or town)	(Co	unty)	(51	late)
3	, 195 &, to_	Jan	4 , 1950				
ath		ADDRESS IS	treet, city or town,	and on the	date	stated at	
		/					
	r CREMATORY metery		TION (City, town, o			(Stote)	
St	N.W. 24a. RI	C'D BY REGIS	TRAR 24b. REGI		NATURE		

NTAGO TO STADISITIES

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EYEARD STATE OF ARTAMENT OF THEATHER BASES STATE GRATYS

BUREAU V. E.

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COLUMN TO SERVICE AND ADDRESS OF THE PARTY O

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

078	CERTIFICATE	OF	DEATH
			C

Reg. Dist. (No. 1021)

3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. KRARIED PROVER MARRIED B. DATE OF BIRTH DEATH D	o. COUNTY Prema		MAI	a. STATE	SIDENCE (Where decease	ed lived. If institution b. COUNTY	Residence be	efare admission)
3. NAME OF DECEASED IT IN Middle 1. DATE Month 1. Day Year DECEASED IT IN Middle 1. DATE Month 1. MONTH 1. MOTHER'S MANDEN NAME 1. DATE DEATH 1. MOTHER'S MANDEN NAME 1. DATE MONTH 1. DATE MONT	China Co	SCHOOL STANDED	Lilo	Y IN 1b c. CITY OF				
DECASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NOV. 15. 1896 1601 birthory) 19. Months 19. Mourts 19. Months 19. Mounts 19. M	d. NAME OF HOSPITA OR INSTITUTION	(If not in hospital, give	ve street address)	d. STREET	ADDRESS O			e. IS RESIDENCE ON A FARM? YES X NO
SUBJECT SUBJ	DECEASED				05			
13. FATHER'S NAME Charles Hall 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT DOPOTHY BOSWELL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT DOPOTHY BOSWELL 16. SOCIAL SECURITY NO. 17. INFORMANT DOPOTHY Aminett Hall—Westwood, Md. 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate course (o), stating the under lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOF PERFORMED TO CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBU	mile	whit v	WIDOWED DIVOR	ED Nov. 1	5, 1896	61 yrs.		
Charles Hell 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no. or unknown] If yes, give wor or doine of service]	hain	N (Give kind of work doing life, even if retired)	one 10b. KIND OF BUSINESS	or industry 11. Birth	PLACE (State or foreign	country)		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Text. no. or unknown) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate couse (a), stoling the underlying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF YES NO 200. TIME OF INJURY Menith, Day, Year 20d. INJURY OCCURRED of Work of the Contribution of t								
Type					othy Bosw	ell		
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Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work, street, affice bldg., etc.) 21. I certify that I attended the deceased from the work of work of work of work of work of work of work, street, affice bldg., etc.) ACTUAL ACTUAL ACTUAL DUE TO COUNTY OF WAS AUTOF PERFORMED YES ON DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED YES ON DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOF PERFORMED YES ON DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOF PERFORMED YES ON DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOF PERFORMED YES ON DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOF PERFORMED YES ON DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOF PERFORMED YES ON DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOF PERFORMED YES ON DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOF PERFORMED YES ON DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOF PERFORMED YES ON DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOF PERFORMED YES ON DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUT		TH WAS CAUSED BY:	7					
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PERFORMED YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (She How Injury (Home, farm. Part II) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (She How Injury (Home, farm. Part II) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (She How Injury (Home, farm. Part II) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (She How Injury (Home, farm. Part II) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (She How Injury (Home, farm. Part II) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (She How Injury (Home, farm. Part II) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (She How Injury (Home, farm. Part II) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (She How Injury (Home, farm. Part II) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (She How Injury (Home, farm. Part II) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (She How Injury (Home, farm. Part II) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (She How Injury (Home, farm. Part II) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (She How Injury (Home, farm. Part II) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (She How Injury (Home, farm. Part II) of item 18.)			Cancu	of Colo	~			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	3		ITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED 1	O THE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
21. I certify that I attended the deceased from		S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY	OCCURRED. (Enter noture	af injury in Part I ar Pa	rt II of item 18.)		
alive an 4 , 19 5 , and that death occurred at 5 , 0 AM, from the causes and on the date stated at ADDRESS (Street, city or town, state) ACTUAL ACTUAL	YOUR HOUR O. JI.		While Nat while	20e. PLACE OF INJURY factory, street, affi	(Home, farm, ce bldg., etc.)	y or town)	(Count	y) (Stote
SIGNATURE ME IN DOWN M.D. Sundyung MQ 1/4/58	alive an	at I attended the d	, 19 5 F, and the	1	5.0 AM, fro	m the causes a	nd on the d	
	SIGNATURE	ulue n N) ahow	M.D	(Sunly	une,	mQ	1/4/58
PHYSICIAN'S RICHORD HELDOBSON Brown, MP	PHYSICIAN'S NAME (Type)	Richa	ord 1	tal Dobs	on (J Bron	Dunce	m, hap
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial 1/7/58	REMOVAL (Specify)	1 /7 /58	2.21	7 0			0	0.00
23. FUNERAL DIRECTOR'S SIGNATURE Ritchie Dros. Funeral Home-Wariboro Md. DATE AND 258	23. FUNERAL DIRECTOR'S		ADDRESS		24a. REC'D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGNAT	

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1018MEDICAL EXAMINER'S CERTIFICATE OF DEATH

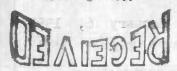
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Rea.	Dist.	No.	U	Fuel I	1

1. P	LACE OF DEATH	nce George			MARYLAND	+1	Maryl		d lived. If in	_		ore admiss	
b		pulside corporate limits, writ		c. LENGTH	OF STAY IN 1b				orate limits, w	rite RITRAL o	ad aiva n	norest low	0)
	and give nearest town)			n	0.4	X	Lanha		ordie militis, w	THE NOTICE O	no givo in	20/431 10**	"/
d		verly	If not in hor	-	O.A.	d. STREET		MIL				e. IS RES	DENICE
		,				11 /		k Road				ONA	FARM?
-		eorges Gen				D			Ł.			YES [NO N
	NAME OF DECEASED	Fir	\$1	1	Middle	los	it .	4. DATE	-	onth	Day	Yes	
	Type or print)	Harry	7	omas		rdin		DEATH	Ja	nuary	6,	19	58
5. S	EX	6. COLOR OR RACE	7. MARRII	ED NEVER	MARRIED E	DATE OF BIRT	Н		9. AGE (In year last birthday)	-	1	IF UNDER	
	Male	white	WIDOWE	DI DI	VORCED [5-19-5	7			rs. Months	Days	Hours	Min.
100.	USUAL OCCUPATIO	N (Give kind of work	dane 10b. I	IND OF BUSI	NESS OR INDUS	RY 11. BIRTHPI	ACE (Stote	or foreign co	ountry)	12. CI	TIZEN OF	WHATC	OUNTRY
0	uring most of working	XXXXXXX		****	CHARLES	Mon	vland	1			U.S.	A	
13.	FATHER'S NAME	AAAAAA		NKKKKK	CANANA	14. MOTHER'S	0				0.0	·A·	
	45												
15		D. Hardin	acees la	SOCIAL SECT	INTERNAL TOTAL		irgin	nia Har	-				
		(If yes, give war or dates al		SOCIAL SECU	KITT NO. 17. I	NFORMANT			Add	ress			
	No				Ja	nes D. H	lardin	i; fath	er; sa	me as	# 2.		
	18. CAUSE OF DEAT	H [Enter only one cou	se per line	for (o), (b), or							INTER	VAL DETWEEN	٧
	PART I, DEATI	H WAS CAUSED BY:	Nout	2 000000	etime h	nort for	Hura				ONSE	T AND DEATH	4
	つつるう	/	ACIL	s course	SOUTAG II	sar v ra.	LIULO						-
	dasi	DUE TO											
	Canditions, if an		Mul	tiple o	erebral	tumore							
	(a), stating the u												
	couse fast.	(c)											
ATION	PART II, OTHI	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING	TO DEATH BUT I	OT RELATED TO	THE TERMI	INAL DISEASE	CONDITION	GIVEN IN PA		PERFOR	UTOPSY MED?
CERTIFICATION	200. EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIBI	HOW INJUR	RY OCCURRED. (I	inter nature of in	njury in Pari	t I or Part II o	of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, You	While		Tillian	CE OF INJURY (ory, street, office	Hame, form bldg., etc.	20f. (City	or tawn)	(C	ounly)		(State)
	21. I certify the	at I took charge	of the	emains de	escribed abo	ve. held an	Autops	v Kl. In	spection .	Inqu	iry XXI.	and	in my
		esulted from: 1					_				,		III IIIy
	opinion death i	esuried from: 1	Agintoi d	ouses [m],	Accident	, Suicid	e 🔲,	Homicide	, Und	etermined	manne		
	ACTUAL ()	1 00	M									DATE SIG	OMEO
	SIGNATURE -D	m. J. T	1 Co	new		_M.D. CHIEF A	AEDICAL EX	CAMINER [DAIR 310	PINEO
				1		ASSISTA	NT MEDIC	AL EXAMINER					
	EXAMINER'S NAME (Type)	ohn T. Mal	oney.	M.D.		DEPUTY	MEDICAL I	EXAMINER A	j J	anuary	6.	195	7
20		I 22b. DATE THEREC			F CEMETERY OR								-
	BHOVAL Pecify)	1/7/58	,		rgreen		y	Blad	ensbur	g or cMdy!		(State)	
	CIAICAL PINCES	SIGNUSTICS		ADDRES						1			N. T.
13.	FUNERAL DIRECTOR'S	-	38 . 4 4					D BY REGISTR		GISTRAR'S S	GNATUR	E	
L	. Gasch's	Sons	nyatt	sville	e Ma.		DATE J	AN 9	58 U	Uhed	wek		
2	07729	35XV5											

TO DEPUTY MEDICALEXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is nece execute the certificate ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral dig 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Boar or its degree agent, prior to buriof, cremotion, or removal, and in any event within 72 hours after degree. VS. A15ME 5M 2/57

BUREAU V. S.

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Mand Charles a Late Can The

Milit . wanted . . T. Bright . St. Chil.

Tentory of Normal View

ral directar. be filed with ath. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after demay be retained by hospital an attending physician. TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the registromeriar to burial, crematian, or remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

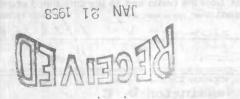
MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

CERTIFICATE OF DEATH

1079

()1022 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince Georges
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL ond give nearest town) Radiant Valley Md 7 years	X Radiant Valley Md.
d. NAME OF HOSPITAL (If not in hospital, give street address)	/ d. STREET ADDRESS e. 15 RESIDENCE
OK INSTITUTION	I ON A FARM?
6918 Randolph St	6918 Randolph St YES NO ₺
13. NAME OF DECEASED (Type or print) Mary Reginal.	Lost 4. DATE Month Doy Yeor OF DEATH January 18. 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
female white WIDOWED DIVORCED	June 23, 1885 lost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	
Housewife self	dermany
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
	NFORMANT Address
	s Stanley Hughes Radiant Valley, Md.
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	IONSET AND DEATH
1.5.318	19 of Colon, 2 mo.
Conditions, if any, which gove rise to immediate couse (a), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO D
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while for p. m. 19 at work of work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.) (County) (Stote)
21. I certify that I attended the deceased from 11/28	1957 to 1/18, 1958, that I last saw the deceased
11.5/1-02	
direction and managed in	occurred at 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
SIGNATURE Frederick & Musser	MD. 2489 Varnum St 1/18/58
PHYSICIAN'S Frederick. E. Musser	Landower Hells Md
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Burial 1/21/58 Mt Olivet Co	emetery Washington D. C.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville Mary	
and and any and any title man	Land. Date 38881 Z 1 30 V35 1



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BUREAU V. S.

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01023

Items

-	E .	
	Dist.	

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1. PLACE OF DEATH o. COUNTY Prince Geo	rge		MARYLAN		usual residence (vo. State Maryland	Where decease	d lived. If institution b. COUNTY Prince	~		e admiss	ion)
b. CITY OR TOWN (If	outside corporate limit	s, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (I	f outside corpo				rest town	1)
Cheverly			lhr-40min	13	Hyattsvil						
d. NAME OF HOSPITA	LL (If not in hospital, gi	ive street	address)		d. STREET ADDRESS					e. IS RES	IDENCE
	rge Genera	1		1	4505 Hami	Iton S	treet				FARM?
3. NAME OF DECEASED	Firs		Middle		Last	4. DATE	Mor	ith	Da		Yeor
(Type or print)	Bab	el .		arve	11	DEATH	1-		13		19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED] 8. C	ATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UND	ER 24 HRS.
Femal e	COLOTEU	WIDOW			1-13-58		last birthdoy) yrs.	Months	Days	Hours	Min.
during most of works	N (Give kind of work d ng life, even if retired)	lone 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11. 8IRTHPLACE (Sie Cheverly			12. CI	TIZEN O	F WHAT	COUNTR
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME					
Will!	le Williams	3			Amy Christ	tine Ha	rvell				
15. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO. 17	7. INFO			Add	ress			
PART I. DEAT 762,5 Conditions, if an gave rise to im	H WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO y, which mediate (b)		ne for (o), (b), and (c).}	Ter	Pectas	5			INTE	RVAL 8E ET AND	TWEEN DEATH
Couse (a), stating the lying couse lost. PARY II. OTHER 20a. ACCIDENT WAS ON CONTRIBUTING (IF EITHER, NOTIFY A)	(c)	DITIONS C	CONTRIBUTING TO DEATH I	BUT NO	FRELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(o) 15	PERFO	AUTOPSY RMED?
20a. ACCIDENT WAS OR CONTRIBUTING I	LI CAUSE OF DEATH I	20b. DES	CRISE HOW INJURY OCCUI	RRED. (E	nter nature of injury in	n Part I or Par	t II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	r 20d. II While at wor	Not while _	PLACE	OF INJURY (Home, far, street, office bldg., e	erm, 20f. (City	or town)	(County)		(State)
1	at I attended the	deceas	A-13		, 1928, to_	1-	13,195	2, that I	last sa	w the	decease
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	elina (Ju	chin	M.D.	5301 Has	ADDRESS (S	n the couses of treet, city or town,	and on t	he dot	e state	ed abov
220. SURIAL, CREMATION REMOVAL (Specify) Temation 3. FUNERAL DIRECTOR'S	1/2K/58		22c. NAME OF CEMETERY Prince George ADDRESS		General Ho	22d. LOCA spital		y, Mo		(State	•)
Alleny	11/1	BeW.	- //1	dmi	nistra bon	JAN 2 8		like	sue	1	

VS A15 (4) 15M 10/57

CERTIFICATE OF DEATH.

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Poge files. of Health,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01024 95 BOICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH	Prince Georg	zes	MARYLAND	2. USUAL RESIDEN O. STATE MAT		sed lived. If institu b. COUNT	itution: Residence before admission) ITY Pr. Geo.				
ond give negrest t	(If outside corporate limits, write awn) Park	e RURAL	c. LENGTH OF STAY IN 16	11	VN (If outside con	rporate limits, write	RURAL and gi	ive nearest town)			
1	PITAL OR INSTITUTION (If nat in hosp	ital, give street address)	d. STREET ADDR	Beach	Avenue		e. IS RESIDENCE ON A FARM? YES NO L			
3. NAME OF DECEASED (Type or print)	Elijah	st	Middle Hartley	Heffner	4. DATE OF DEATH	January	_	19 58			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED		12-11-1	1876	9. AGE (In years lost birthday) 81 yrs.	Months Do				
10a. USUAL OCCUPA during most of wor Retire	rking life, even if retired)	-	nd of Business or industrial	112000		country)		N OF WHAT COUNTRY			
13. FATHER'S NAME John	Heffner			artha I							
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FO (If yes, give war or dates of		OCIAL SECURITY NO. 17, II	Clara B.	Heffner	Address Same as					
Conditions, if gave rise to imm (a), stoling the cause last. PART II. (1) 200. EXTERNAL (1) PRIMARY 0 or (CAUSE OF DEAT)	mediate cause underlying DUE TO	(Cardiovaschlar	renal dis	sease	SE CONDITION GIV	/EN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO			
200. EXTERNAL C PRIMARY Or C CAUSE OF DEAT	IJURY Month, Day, Yen	or 20d. IN	HOW INJURY OCCURRED. (I	nter nature of injury in CE OF INJURY (Home, pry, street, office bldg	, form, i 20f. (Cil		(Count ₁	y) (State)			
21. I certify	that I taak charge th resulted fram:	natural co	emains described abo	M.D. CHIEF MEDIC		e], Undete		-			
	TION. 27b. DATE THEREO 1/8/195 OR'S SIGNATURE	8 1	National Men Address ashington, I	norial Pk		S Church TRAR 246. REGI	or county)	(State)			

TO DEPUTY MEDICALLEXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necess execute the certifical writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral ding 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board on its deviationed agent, prior to buriol, cremotion, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

HYARI STATE DEPARTMENTS OF REATH OF REATH OF PRATICULAR OF

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MARYLAN	ND STA	TE DEPART	MENT OF	HEALTH-	-BALTIMORE,	18

	1080 CERTIFICATE OF DEATH					
1. PLACE OF DEATH OF COUNTY CE CIE	ORGES	MARYLAI	II o/STATE	ere deceased lived. If institution b. COUKLTY	ni Residence before admission) WCE (TEORGE	
b. CITY OR TOWN (If outside corpor RURAL that give neorest lawn)	ate limits, write c. Li	50 4KS	16 c. CITY OR FOWN (IF o	utside corporate limits, write RU	JRAL and give nearest tawn)	
d. NAME OF HOSPITAL (If not in hos	spital, give street addre	ns)	d. STREET ADDRESS	nut Au	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print) TLE	First VRSA "	mary.	Heilig	4. DATE Mont OF DEATH	h _ Z6 1918	
5. SEX 6. COLOR OR	WIDOWED	DIVORCED	7-8-7	9, AGE (In years lost withday) yrs.	IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.	
100. USUAL OCCUPATION (Give kind of guring most of working life, even if	retired)	OF BUSINESS OR II		eman ANY	12. CITIZEN OF, WHAT COUNTRY?	
13. FATHER'S NAME / N	LAVE		14. MOTHER'S MAIDEN N	ELLS		
15. WAS DECEASED EVER IN U. S. ARM	dates of service)	AL SECURITY NO.	Mrs Class Th	alung, Bo	roie The	
18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSI IMMEDIATE CO	ED BY:	(0). (b), and (c).]	moneth	//	INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which	DUE TO Hay be	Glnai Wa	Atteriorden	tic Heart D	sease Truce	
gove rise to immediate couse (a), stating the under-	DUE TO GEN	areliz	ed Arten	oclosis.	- Been	
PART II. OTHER SIGNIFICAN 101 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF	I Ly	RIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO	
	DEATH /	HOW INJURY OCC	JRRED. (Enter noture of injury in P	art I or Part II of item 18.)		
20c. TIME OF INJURY Month, Do		Y OCCURRED 200 Not while of work	e. PLACE OF INJURY (Hame, farm, factary, street, office bldg., etc.	20f. (City or town)	(County) (State)	
21. I certify that I oftende	ed the deceased fr	-	1956,10	7	that I last saw the deceased	
ACTUAL SIGNATURE	Jan &	_ Kurs		ADDRESS (Street, city or town, s	nd on the date stated above.	
PHYSICIAN'S H	imes 1	Kurty)			
220. BURIAL, CREMATION, 226 DATE REMOVAL (Specify)	THEREOF 220	NAME OF CEMETER	RY OR CREMATORY	22d. LOCATION (City, town, o	r county) (Stote)	
23. PUNERAL DIRECTOR'S SIGNATURE	11	ADDRESS	1 % 1 240. REC'I	BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE	

VS A1S (4) 1SM 9/S5 CERTIFICATE OF DEATH

BUREAU K. E.

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VS A15 (4) 15M 10/57 I

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
1020	CERTIFICATE	OF DEATH	

01026

			11	J.	U	1
Rea.	Dist.	No				

1. PLACE OF DEATH								-	st, No.		
o. COUNTY Pr	rince George	s	MARYLA	O STA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTPrince Georges						
RURAL ond give	(If outside corporate limi nearest town) VOILY	ts, write	c. LENGTH OF STAY IN	c. CITY	Radien		rote limits, write	RURAL ond	give near	est lown)	
OR INSTITUTION	e Georges C			dt STR	6822 Sh	epphe:	rd St.		е	ON A FA	RM?
3. NAME OF DECEASED (Type or print)	Fir Baby	st	Middle Girl	Hes	Lost	4. DATE OF DEATH	Mo Jan		Day	Yeor	58
5. sex Female	6. COLOR OR RACE White	7. MARR	DIVORCED		BIRTH in 1958		9. AGE (In years lost birthdoy) yrs	Months	Doys Doys	Moors 2	4 HRS. Min.
10o. USUAL OCCUPAT during most of wo	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR		eryland	or foreign c	ountry)	12. CI	TIZEN OF	WHAT CO	UNTRY
13. FATHER'S NAME				14. MOT	HER'S MAIDEN N	IAME					
Jerome E					tha G C	lemen					
15. WAS DECEASED EV (Yes, no. or unknown)	PR IN U. S. ARMED FOR It yes, give war or dates of s		SOCIAL SECURITY NO.	17. INFORMANT			Ade	dress			
				Parent	3		Sa	me			
CATIC	immediate DUE TO g the <u>under-</u> (c THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH					VEN IN PAR		. WAS AUT PERFORMI YES N	ED?
O (IF EITHER, NOTIF	VAS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER)										
20c. TIME OF INJU Hour o. m. p. m.		While of work	Not while	PLACE OF INJ foctory, street,	URY (Home, form, office bldg., etc.	. 20f. (Cit)	or town)	(County)		(Stote)
21. I certify to	that I attended the	decease _, 19_		eath occurred		M, fran	n the causes treet, city or town	and an t		w the de	



BUREAU V. E.

Fort Lincoln Cemetery

ADDRESS

Hvattsville Md.

Colmar Manor, Md.

24b_REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE JAN

HOSPITAL OR VS A15 (4)

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

Gasch's Sons

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361000			

VS A15 (4) 15M 10/57

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
MALIMITO	SIMIE	DEPARTMENT	Ur	HEALIN-DALIMOKE,	Ш

1022 CERTIFICATE OF DEATH

Reg. Dist. 461028

1. PLACE OF DEATH o. COUNTY Prince George	MARYLAND	II A STATE	b. COUN	tution: Residence before admission) ITY re George					
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town)	, write c. LENGTH OF STAY IN 16	C. CITY OR TOWN (If a	utside cornarate limits write	RURAL ond give neorest town)					
Cheverly		XXXXXXXXXX	ights (Was.	h.19,D.C.)					
d. NAME OF HOSPITAL (If not in hospital, giv	ve street oddress)	d. STREET ADDRESS		e. IS RESIDEN ON A FAR	ICE				
Prince George General		70397 Centr	al Avenue	YES NO					
3. NAME OF DECEASED First	***************************************	Lost	4. DATE A OF DEATH	Aonth Day Yeor					
(Type or print) Mini	nie Delitha	Hindman	DEATH]	9- 195	8				
5. SEX 6. COLOR OR RACE	7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year		HRS.				
I CHICALO WILL OU	WIDOWED DIVORCED	Dec.22nd,18	107	7) Months Days Hours N	Min.				
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	one 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COL	JNTRY				
Housewife	At Home	Loudon	Ctv Virgin	nia. U.S.A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN N							
Thomas Russell Mo	oreland Sr.	Jane Ba	vles						
15. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17.	INFORMANT		ddress 7097 Centra	7				
Yes. no. or unknown) (If yes, give wor or dates of service) None		Miss. Rita J							
18. CAUSE OF DEATH [Enter only one cour		ITSS - UT PR 9	· BIHUMAN,		Leas				
PART I. DEATH WAS CAUSED BY:		THANKS	ensis	ONSET AND DEA	TH II				
IMMEDIATE CAUSE (o)_	IMMEDIATE CAUSE (6) CONONTRY THROW BUSTS IMMED MC								
a 60 × DUE TO	1 2	53.54.5							
Conditions, if ony, which (b)_	CORONARY	SCLEROS	15	2 year	ns.				
gove rise to immediate DUE TO	·								
lying couse lost. (c)_	DIABETES	MELL IT	-05	3 year	is				
PART II. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTO	DPSY				
PART II. OTHER SIGNIFICANT CONDI				PERFORMED YES NO					
	06. DESCRIBE HOW INJURY OCCUR	tED. (Enter noture of injury in P	ort I or Port II of item 18.)						
	1								
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19		PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County) (S	Stote)				
21. I certify that I attended the a	deceased from	1952 10	an 105	7,that I last saw the deci	agrad				
alive on Jan 2			name	and on the date stated a	eusec				
dive on	, 12 2 3, and mar deal		DDRESS (Street, city or town						
ACTUAL BOLLEGALIA	1 20000	3814-20	17 Sincer, City of 10%	DATE S	IGNED				
SIGNATURE (C)	A - Miller	M.D.) 00 1-37	a may	summer free !	173				
PHYSICIAN'S NAME (Type) Dr. Benjamin	Miller	3824 34th	St. Mt. Re	inier.Md.1/9/	58.				
220. BURIAL PREMATION 226. DATE THEREOF	22c. NAME OF CEMETERYX		22d. LOCATION (City, town						
MACINAC (Specify)									
Part 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		101							
Burial Jan. 13.1 23. FUNERAL DIRECTOR'S SIGNATURE		National	Arlington						

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FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please xecute the certification withing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 ta the funeral direct. Page should be forwed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for files. FUNERAL DIRECTOR: Page 3 should be used as a burial-trontil permit. File pages 1 and 2 with the State Baard or Health, rits designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. I DEPUTY MEDICAL

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VS.	Α	15	ME	
bi	W 2	1/5	57	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1023MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 11029

		LACE OF DEATH					2. USUAL RESIDENCE (Where deceased	lived. If institu	ilion: Resider	ice befor	re odmission)
	C	. COUNTY	Prince Ge	orges	MARYL	AND	o. STATE Mary	land	b. COUNT	Y Pr	. Ge	0.
	Ь	. CITY OR TOWN (If and give negres) town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (I	f outside corpo	rote limits, write	RURAL and	give nec	rest town)
		Chever			D.O.A.		X Belt	sville				
	d	. NAME OF HOSPITA	L OR INSTITUTION (II	not in hos	pital, give street address)	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?
		Prince Ge	orges Gene	ral H	ospital		11704	Chilco	ate Lan	е		YES NO
		NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Mont	h	Day	Yeor
	(Type or print)	Robert		John		ston	DEATH	Janua	ry	21,	19 58
	5. S	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH	9	. AGE (In years last butheby)	Months D		F UNDER 24 HRS.
1		Male	white	WIDOWED		- 1 /	-12-96		62 угз.	Months	Jays	Hours Min.
	10o.	USUAL OCCUPATION	N (Give kind of work d	one 10b. K	IND OF BUSINESS OR I	NDUSTR	11. BIRTHPLACE (Stote		intry)	12. CITIZ		WHAT COUNTRY?
		Mechanic		U	.S.Governme	nt	Marylan	d			U.S	5.A.
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME				
		Thoma	as John H	uston			Maud	Nicho	ale			
			R IN U. S. ARMED FOR		SOCIAL SECURITY NO.		ORMANT		Address			
		No				E	thel Franci	s Husto	n; Coll	ege Pa	rk,	Md.
		PART I. DEAT	H [Enter only one count H WAS CAUSED BY: IMMEDIATE CAUSE (a)			ve h	eart failur	.6				AL BETWEEN AND DEATH
		442X	DUE TO		3							
		Conditions, if or		Car	diovascular	ren	al disease					
		gave rise to immed	iote couse			-						
		(a), stating the cause lost.	(c)_									
	Z	PART II, OTH		ITIONS CO	NTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19.	
)	ATIC	The Land									YE	PERFORMED?
	CERTIFICATION	20g. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	SE WAS	. DESCRIBE	HOW INJURY OCCUR	RED. (En	er noture of injury in Por	rt I or Port II of	item 18.)			
	_	20c. TIME OF INJUR	Y Month, Doy, Year	204 11	NJURY OCCURRED 20	n DIACE	OF INJURY (Home, form	DOL 1614	. (1)	16		15
	MEDICAL	Hour o. m. p. m.	19	While		factor	y, street, office bldg., etc) 20t. (City o	e town)	(Cour	ıryı	(State)
		21. I certify th	at I taok charge	of the r	emains described	abov	e, held an Autops	y , Ins	pectian 🔂	Inquiry	X.	and in my
		opinion death	resulted fram: N	latural c	auses Tot Accid	ent [, Suicide ,	Hamicide [, Undete	rmined m	anner	
		Λ	1	,	1	11.3			100 10			
		ACTUAL SIGNATURE	ohmo. 9	Mak	onen-		M.D. CHIEF MEDICAL E	XAMINER -			1	DATE SIGNED
5		1			X		ASSISTANT MEDIC	AL EXAMINER				
		EXAMINER'S NAME (Type)	John T. M	alone	v. M.D.		DEPUTY MEDICAL	EXAMINER TO	Jan	uary	21,	1958
	220	BURIAL, CREMATIO			22c. NAME OF CEMETER	RY OR C	REMAJORY	22d. MOCATIO	ON (City, town,	or county)	-	(Stote)
	1	Delical (Specify)	Vel 24	1953	St Jusce	h	Cem	Una	andad	Lele	11	rel
	23.	PUNERAL DIRECTOR	SUSPICATURE		ADDRESS /		240. REC	D BY REGISTRA		STRARYS SIGI	NATURE	9
	1	UN WI	Wandles	on	Laur	1	Med DATE	JAN 2 4	'58	Viled	we	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1024

CERTIFICATE OF DEATH

01030

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE
MARYLAND	Mariala 19 d b. COUNTY Prince General
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Riverdale 2045.	25 Riverdale
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Leland Memorial Hosp	16209 Beale Circle YES NOW
3. NAME OF First Middle	Lost 4. DATE Month Day Year OF DEATH 13 10 5
(Type or print) Sames frant	1 10 1
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
male Why WIDOWED DIVORCED	1-1-8 \ 7 xrs.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Quard Erco Corporalu	Mansas 7.5.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sames Collins Imel	Jarah Jane Marren
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. (17. (17. no. or unknown) [(11 yes, give war or dates of service)]	INFORMANT
	Hospital Kecord
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Allowerkog 3 well
331X DUE TO VA 2201	a for the land
Conditions, if ony, which) (b)	anterio dellases 3 y s
gave rise to immediate couse (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	YES NO
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	ED. (Enter nature of injury in Port I or Part II of item 18.)
A Hour a.m. While Not while	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, affice bldg., etc.)!
p. m. 19 of wark of wark	
21. I certify that I attended the deceased from.	
alive an 12113, 1938, and that deat	h accurred at A M, fram the causes and an the date stated above.
1 0 D 11 mil	ADDRESS (Street, city or town, state)* DATE SIGNED
SIGNATURE / / / Maller	MD. Kullfull Md Jan 13 145
PHYSICIAN'S L M. Mala MAT	
NAME (Type)	·
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (
Burial 1/16/58 Fort Lincol	n Cemetery Colmar Manor, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUR
F. Gasch's Sons Hyattsville Md.	DATE 7 158 Ollewich

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Aller Andrews

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1025

CERTIFICATE OF DEATH

01031

	CERTIFICA	TE OF DEATH	August 1981 Control	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution ind b. COUNTYP	n: Residence before admission) Prince George's
b. CITY OR TOWN (If outside corporate limits, write gyral ond give nearest town) Cheverly Md	NGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION Prince Georges Hospital		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Mattie	Middle	James.	4. DATE Month OF Jan 21,	/
female 6. COLOR OR RACE 7. MARRIED WIDOWED 15	DIVORCED	0 ,	.883 last birthday) yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 110usewife Own	OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State of Virgin		12. CITIZEN OF WHAT COUNTRY U.S. A
13. FATHER'S NAME John Bland		14. MOTHER'S MAIDEN NA	AME ice Taylor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (If yes, give wor or dotes of service)	R	obert James	137 A Conte	Rd Laurel Md.
PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)] Conditions, if ony, which gave rise to immediate cause (a), storing the under- lying cause lost. CONDITIONS CONTR.	Toxo	y the	ombores oris	onset and teath 10 yn
PART 11. OTHER SIGNIFICANT CONDITIONS CONTR 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE I		. (Enter nature of injury in Pa		N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO S
20c. TIME OF INJURY Month, Day, Year While Mour a.m. 19 While of work 0	Not while _ / fact	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased from alive an	1/			That I last saw the deceased and an the date stated above tate) DATE SYGNET
Burial 1/25/58	NAME OF CEMETERY OR Fort Lincol		22d. LOCATION (City, town, or Colmar Manor	
	ADDRESS s Hyattsvil		BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE



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BUREAU V. E.

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VS A1S (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

026 CERTIFICATE OF DEATH

01032

•	1920	CERTIFICA	AIL OI DEAII		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Pr:	ince George	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md	ere deceased lived. If institution b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If a RURAL one give near the Cheve:	outside corporate limits, writest town) rly, Md	6Hrs. 10Min.		utside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION Prince	George Gen		d. STREET ADDRESS 4504 32N	d St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Louis	Middle	Lantz	4. DATE Mon Jan DEATH	-1 -1
Male	White wo	OWED DIVORCED	Feb 27, 190	47 yrs.	Months Days Hours Min.
oa. USUAL OCCUPATION during most of workin Plant mec	(Give kind of work done I g life, even if retired) NANIC	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Baltimor		12. CITIZEN OF WHAT COUNTRY U.S.A.
3. FATHER'S NAME Lou	is L. Lentz		14. MOTHER'S MAIDEN N	AME nie E. Dieter	
15. WAS DECEASED EVER I (Yes, no. or unknown) (IF	N U. S. ARMED FORCES? yes, give wor or dates of service)		NFORMANT eona V. Lantz	z Mt Raini	er, Md.
PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO which mediate	In one ary	acting	en A the	Sh Shour Mouse
PART II. OTHER PART II. OTHER 200. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY MI) (c)	NS CONTRIBUTING TO SEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	/EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	w. W	d. INJURY OCCURRED 20e. PL nife Not while for work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that alive on	anuel 2	~~	1953, to 1960 accurred at 6.55 Am		Athat I last saw the decease and an the date stated above stole). DATE SIGNE
PHYSICIAN'S DE	. S. Sugar	U	nut	Raine	c, rud.
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	1/28/58	22c. NAME OF CEMETERY O	emetery	22d. LOCATION (City, town, or Baltimore	Md.
23. FUNERAL DIRECTOR'S S	sch's Sons	ADDRESS Hvatteville Me		BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE

	HITTARIO STATE DEPARTMENTE DE HIMATES GHALTEN	
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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01033

Reg. Dist. No.

	LACE OF DEATH	Prince Geor	ges	MARYL	O STATE	ESIDENCE (W	_	d lived. If institu		-	
b	end give nearest town		RURAL	c. LENGTH OF STAY IN	1 1b c. CITY C		1000 LL 12 N	orote limits, write	RURAL ond	give neor	est town)
	Riverd	ale		D.O.A.	X	Belt	sville				
		at or institution (if		spital, give street address)	11/10	ADDRESS O3 Pri	nce Ge	orges Av	enue		ON A PARM?
3. 1	NAME OF DECEASED	First		Middle		ost	4. DATE OF	Mont	-	Day	Yeor
(Type or print)	Ray			Lawrence		DEATH	January	7 6		19 58
5. S			7. MARRI WIDOWE		3.7 /	TH 5/04		9. AGE (In years	Months C		UNDER 24 HRS.
	ale	19117.00			- 1	77.7		JJ yrs.			
10a.	usual occupation of working most of working carpenter	ng life, even if retired)		kind of Business or In Building		Virgin	or foreign co	ountry)	12. CITIZ	U.S.	A.
13.	FATHER'S NAME				14. MOTHER	'S MAIDEN N	NAME				
	Charlie	Lawrence					L Ki	rk			2
	WAS DECEASED EV	ER IN U. S. ARMED FOR It yes, give war or dates of se NO		SOCIAL SECURITY NO.	17. INFORMANT Eva Lawr	ence:	Wife:	Address Same as	11 -		
		TH [Enter only one cous			210 2000						I BETWEEN
	PART 1. DEA Conditions, if of gove rise to imme (a), stoting the couse last.	underlying DUE TO		Acute conges Cardiovascul						Orest, x	PITAGO ON
CERTIFICATION) (c)_ HER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMI	INAL DISEASE	CONDITION GIV	VEN IN PART		WAS AUTOPSY PERFORMED?
_	200. EXTERNAL CAPRIMARY OF CO	NTRIBUTING 🗆	. DESCRIB	E HOW INJURY OCCURR	ED. (Enter nature of	injury in Port	t For Part II o	of item 18.)			
MEDICAL	20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Year	Whil		PLACE OF INJURY foctory, street, offi	(Home, formice bidg., etc.	20f. (City	or town)	(Cour	ity)	(Siole)
	21. I certify t	hat I took charge	of the	remains described	above, held a	n Autops	y \square , In	spection IX	. Inquiry	T.	and in my
	opinion death	resulted from: N	atura	causes X. Accide	ent 🗀 Suici	de 🗍 i	Homicide	Undet	ermined m	anner	
	ACTUAL SIGNATURE	ohno.	W	Taloney	M.D. CHIEF	MEDICAL EX	CAMINER				DATE SIGNED
	EXAMINER'S NAME (Type)	John T. Malo	nev.	M.D.			AL EXAMINEI EXAMINER D	_	uary 6	, 19	958
	BURIAL, CREMATIC	ion 1/7/58		Christai				ION (City, town, rginia.	or county)		(State)
·	FUNERAL DIRECTOR			ADDRESS	- 0	240 PEC"	D BY REGISTI		STRAR'S SIGN	MATILE	
23.		h's Sons	Hya	ttsville, M	d.,	DAJEAN		Dan (7 P	/	
-									· tout	1	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necess execute the certificate word "pending" in pendi is them, 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

BUREAU V. S. 8381 8 NAT-John S. Haltmey, T. D. Commission of the Commiss The state of the s

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8381 02 NAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01035

					Keg. Dist. No.
PLACE OF DEATH	Prince George	S MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If institution and b. COUNTY	pn: Residence before admission) Pr. Geo.
b. CITY OR TOWN (If and give negres) town)	autside carporate limits, write RURA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	Fautside corporate limits, write R	URAL and give nearest town)
	rdale	5 years	26 Riverdal	e	
d. NAME OF HOSPITA	AL OR INSTITUTION (If not	in hospital, give street address)	/d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
61,03	61st Place		6403	61st Place	YES NO
NAME OF DECEASED (Type or print)	Thomas	Middle William	Lion. Jr.	4. DATE Month OF DEATH January	Doy Year 19 58
SEX			DATE OF BIRTH	9. AGE fin years 1	FUNDER TYEAR IF UNDER 24 HRS
Male	white win	OOWED DIVORCED M	ar. 7, 1919	38 yrs.	Months Days Haurs Min.
during most of working	ON (Give kind of work done a life, even if relired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY
	Collector	Gas Company	Washingt	on, D.C.	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Thomas	William Lion		Alice H	larbison	
5. WAS DECEASED EVE	ER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
NO NO	None	579-09-3341	Winifred Lic	ns; same addres	s as # 2.
Conditions, if all gave rise to immed (a), storing the course last. PART II. OTH	diale couse DUE TO ORDER SIGNIFICANT CONDITIO	Acute congesti Cardiovascular NS CONTRIBUTING TO DEATH BUT N	renal dises	3.50 • INAL DISEASE CONDITION GIVE	N IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY Or CON CAUSE OF DEATH.	JSE WAS NTRIBUTING []	SCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Far	rt I ar Port II of item 18.)	
20c. TIME OF INJUIT	RY Manth, Doy, Year	20d. INJURY OCCURRED 20e. PLAC While Nat while of work at work	CE OF INJURY (Hame, farm ory, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
opinion death ACTUAL SIGNATURE EXAMINERS NAME (Type)	John T. Mal		M.D. CHIEF MEDICAL EXAMPLE. ASSISTANT MEDICAL DEPUTY MEDICAL	Homicide , Undeterr XAMINER TAL EXAMINER EXAMINER Jan	Inquiry , and in my mined manner DATE SIGNED
REMOVAL (Specify) Burial	1/18/1958	B George Washi	erematory Engton Cem.	22d. LOCATION (City, town, or Riggs Rd. Ex	td. Pr. Geo. Co.
23. FUNERAL DIRECTOR W. W. Chamb	'S SIGNATURE	ADDRESS		D BY REGISTRAR 2%. REGIST	RAR'S SIGNATURE

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and had been been and and and and and and and and and an				·

TIATE SON

15M 10/57

USA Address Lloyd D Lovern 7728 Muncy Rd, Palmer Pk. Md INTERVAL BETWEEN ONSET AND DEATH PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160. 19. WAS AUTOPSY PEREORMED? YES A NO (County) (Stote) _____, 19___,that I last saw the deceased M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) 23 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE BY REGISTRAR

e. IS RESIDENCE

Hours

12. CITIZEN OF WHAT COUNTRY?

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ON A FARM?

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VS A1S (4) 15M 9/55

	108	2	CERTIF	ICAI	E OF DEATH	1		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY	rince Georg	ges	MARYL	- 11	O. STATE D. C.		d lived. If instituti b. COUNTY	on: Reside	nce befo	ore admiss	sion)
Glenn Dal	e (rural)		10 mos.			outside corpor		URAL ond	give ne	7x	.3
Glenn	TAL (If not in hospital, or Dale Hospi	tal	address)		d. STREET ADDRESS	P. St	N. W.			e. IS RES	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Willia Willia		Middle Charles	5	Lucas	4. DATE OF DEATH	Mon 1	th	De		Yeor 19 58
5. SEX Male	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED		9/8/1896		9. AGE (In years lost birthdoy) 61 yrs.	Months -	Days		ER 24 HRS.
10a. USUAL OCCUPATI during most of wor Truck dri	rking life, even it refired	done 10b.	KIND OF BUSINESS OR Witt Poult		Alexandr			12. CI		OF WHAT	COUNTRY
13. FATHER'S NAME Charles I	Lucas				Matilda	NAME					
15. WAS DECEASED EV (Yes, no. or unknown) Yes	ER IN U. S. ARMED FOR (If yes, give wor or dates of the second	ervice)	78-03-7638	17. INFO			Add	ress			
Conditions, if gove rise to couse (a), stoting lying couse lost.	Immediate DUE TO	Pu Br	lmonary hem	carci	inoma				2	6 mo	nutes nutes
Pulmo 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY		culos	is. 13 mont	hs	OT RELATED TO THE TERMI			EN IN PAI	RT 1(o) 1	PERFC	AUTOPSY DRMED?
20c. TIME OF INJUITED HOUR O. FI. p. m.	RY Month, Day, Ye	20d. If While of work	Not while	0e. PLACE foctor	OF INJURY (Home, farm, y, street, office bldg., etc.	20f. (City	or town)	((County)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the 1/2/58	12. Ls	, and that d	M.D	Glen Glen	AM, from ADDRESS (SM IN Dale	the causes of reet, city or town, Hospita	nd an t		ite state	
220. BURIAL, CREMATIC REMOVAL (Specify 23. EUNERAL DIRECTOR	116/8	S	ADDRESS A	Has	U Hat	w	ION (City, town, o	on	ء د	(Stole	之,
arreolo	Ween A	bonne	3117/12	f. K	the John Rec't	BY KEGISTI	RAR 246 REGIS	11-1	Verl	nin	L

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	991	CERTIFICA	ATE OF DEA	HTA		Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Pr	George	MARYLAND	2. USUAL RESIDENCE o. STATE	E (Where deceased li	ved. If institution b. COUNTY	wis di	e odmission)
b. CITY OR TOWN (If oulsi RURAL and give nearest Hyattsvill	de corporote limits, write town)	c. LENGTH OF STAY IN 16		o (If outside corporote tsville	e limits, write RU		
d. Name of Hospital (IF or Institution Sacred Hear	nat in haspital, give street	address)	d. STREET ADDRE			0	ON A FARM?
3. NAME OF DECEASED (Type or print)	First Katherine	Middle	Lyden	4. DATE OF DEATH	Month		Year
5. SEX 6. C	OLOR OR RACE 7. MAR	RIED NEVER MARRIED F	Apr 4tl	h,1870	AGE (In years last birthday) 87 yrs.	Months Doys	Hours Min.
Oa. USUAL OCCUPATION (G during most of working life	ive kind of work done 10b fe, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (ntry)		WHAT COUNTRY
3. FATHER'S NAME Michael	Lyden		14. MOTHER'S MAIL				
15. WAS DECEASED EVER IN L (Yes, no. or unknown) (If yes,	J. S. ARMED FORCES? give wor or dates of service)		irs Peter	J Nee -	Kenned	wa:	sh. D.C.
Conditions, if any, w gove rise to immed couse (o), stoting the un lying couse lost.	liote (HOLONER					J muc
ICATIC		CONTRIBUTING TO DEATH BUT				N IN PART 1(o) 19	PERFORMED? YES NO P
	AUSE OF DEATH CAL EXAMINER)	SCRIBE HOW INJURY OCCURRE					
20c. TIME OF INJURY ME Hour o. m. p. m.		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home octory, street, office bldg	, farm, 20f. (City or	r town)	(County)	(Stote)
ACTUAL SIGNATURE	ottended the decea 2 12 Mules / Chester Brad	on and that death	, 19 3 10 n occurred at. 4	M, fram			
220. BURIAL, CREMATION, 2. REMOVAL (Specify) BUITAL	26. DATE THEREOF 1-6-58	Mt Olivet	DR CREMATORY		on (City, town, or ashing	ton D.C.	(Stote)
23. FUNERAL DIRECTOR'S SIG		ADDRESS	C 24a.	REC'D BY REGISTRA	10	TRAR'S SIGNATURE	

D FUNERAL DIRECT. After this certificate has been signed by the attending physicion and campletely filled in by the property page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar priar to buriol, cremation, or remaval, and in any event within 72 haurs ofter death. deoth: Poge 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after haspitol or ottending physician. may be retoined by TO FUNERAL DIREC

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VS A15 (4) 15M 9/55

O. G. Conaw BUREAU V. S. OSSI 8 NAU NAU 1029210 Attract. TOTAL TOMOREM - AME A STATE OF THE DESCRIPTION OF THE OWNERS AND THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE

VS. A15ME 5M 2/57 Rea Dist No

01039

		Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY FRANCE (DIE S MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY b. COUNTY
	b. CITY OR TOWN (II) outside corporate limits, write TURAL c. (ENGTH OF STAY IN 16 and give nearest toward of the Company of t	c. CITY ORTOWN (If outside carporate limits, write RURAL and give nearest town)
0	d. NAME OF HOSPITAL OR INSTITUTION (IT not in hospital, give street address)	d. STREET ADDRESS ON A FARM? YES P NO
	3. NAME OF DECEASED (Type or print) Challen and Change	Last 4. DATE Month Doy Year OF DEATH 19.58
1	S-SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. LOVEL WIDOWED DIVORCED	DATE OF BIRTH 9. AGE in years in IFUNDER 1YEAR IF UNDER 24 HRS. Manihs Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTION of working life, even if retired)	11. BIRTHPLACE (State or foreign country)
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME THER'S MAIDEN NAME Thomas
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	FORMANT Telkett Address
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse tast.	tive heart factors
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (EN	nter nature of injury in Port I ar Port II al-item 18.)
		E OF INJURY (Home, form, 20f. (Cily or lown) (Caunly) (State)
	21. I certify that I took charge of the remains described abortopinion death resulted fram: Natural causes . Accident	, Suicide , Hamicide , Undetermined manner M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S SAME (Type) SAME (Type) SAME (Type)	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP
	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR EVERgreen	(along)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Gasch's Sons Hyattsville Md.	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE N 1 3 '58

2 .V UABAUB BECELVE 13 1958 DE LA SALVA BARA L'ESPISIONE LE

01040

1031 CER	TIFICATE OF DEATH Reg. Dist. No.
Frince Georges	Marylnad Prince George
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince Georges General Hospital	2. USUAL RESIDENCE (Where decaused lived. If institution, Residence before admission) b. COUNTY Prince Georges Prince Cheverly Cheverly
3. NAME OF First Mid-	Idle Lost 4. DATE Month Day Year
	RRIED 8. DATE OF BIRTH 1894 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. RCED 31 Mar /1/886 64 63/rs.
during most of working life away if actived)	
13. FATHER'S NAME Edward M Magruder	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes. give wor or day of service)	
Conditions, if ony, which gave rise to immediate couse (a), stating the under lying couse last. (b) Blyperte	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Hour a.m. While Not while	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County)
21. I certify that I attended the deceased from alive on 1-2, 1956, and the signature limits and Hays	nat death occurred at 2 C. M, from the dauses and an the date stated above DATE SIGNI
	EMETERY OR CREMATORY Lincoln Cemetery 23d. LOCATION (City, town, or county) Colman Manor, Md. (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsvill	e, Md. DATE 246 REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 Assistation of autending physician.

After this certificate has been signed by the attending physician and campletely filled in by the school for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 showing remaining as the purial remandal, and in afty event within 72 hours after death. may be retained by the haspital or attending physician.

TO FUNERAL DIRECT. After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. priar to burial, crematian, ar remaval, and in the registry

eral director, be filed with

VS A15 (4) 1SM 9/SS

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a Day let S. F. J. S. bt. 6 ac	Jest Est	In least the ores agent	
THE REAL PROPERTY AND ADDRESS OF THE PARTY.	Total Line		
		TO location Districted in Access	
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VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, I

1083 CERTIFICATE OF DEATH

01041

2,30	Keg. Dist. No.
1. PLACE OF DEATH O. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Prince Georges
b. CITY OR TOWN (If outside corporale limits, write RURAL and give negrest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Ammendale 6 years	X Ammendale, Beltsville, P.O.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Ammendale Normal Institute	Ammendale Normal Institute o. is residence on a farm? YES \(\) NO \(\)
3. NAME OF First Middle DECEASED (Type or print) BROTHER GORDIAN, F.S.C. (M	ichael Mannion January 26th. 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	B. DATE OF BIRTH 9. AGE (In years last birthday) Unknown 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Christian Brother Religious Orde	
i3. Father's name Unknown	14. MOTHER'S MAIDEN NAME Unknown
	INFORMANT Address rother Edwin, Director, Ammendale Norm
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	opnumorie internal between onset and geath of the Contract of
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF COURT OF CONTRIBUTING TO DEATH BUT OF COURT OF CONTRIBUTING TO COURT OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO!
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) actory, street, office bldg., etc.)
21. I certify that Lattended the deceased from alive an	th accurred at
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify) 1/29/1958 Private Cemetery Cremoval Company	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
W.W. Chambers Company, Riverdalel	Md. DATE JAN 3 0 58 Blockerich

PRYLLING STATE DEPARTMENT OF PEATH

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VS A15 (4) 15M 9/55

103%	CERTIFICA	ATE OF DEATH		Reg. Dist. No.) 1042
1. PLACE OF DEATH Q. COUNTY Prince beerese	MARYLAND	2. USUAL RESIDENCE (When	b. COUNTY	
RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF out	i- 11	IRAL and give nearest Yown)
d. NAME OF HOSPITAL (If not in hospitol, give street oddr OR INSTITUTION MELLOVY of HG	MARYLAND O. STATE O. MARYLAND O. STATE MARYLAND O. STATE O. MARYLAND O. STATE MARYLAND O. STATE O. CUTY OR TOWN (If outside corporate limits, write RURAL ond give nearest rown) O. IS RESIDENCE ON A FARM? YES ON A ON A FARM? YES ON A OF OF OF OF OF OF DEATH OF DEATH O. MONTH Day Yeor OF DEATH O. MONTH Day Month Day Yeor OF DEATH O. MARRIED NEVER MARRIED O. MARRI			
3. NAME OF DECEASED (Type or print) Frank		Mari	OF 1	
h 1 1 1 1			Inna binabiland	
during most of working life, even if retired)			foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas Marion		Cathryne	ME UNKNOW!	104
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes, no. o) Introduction (I'ves,	TIAL SECURITY NO. 17. 11 2-0/= 6638	Soy - VVm.	R. Marcian	-Route 1-Box 3
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	PERFORMED?
	E HOW INJURY OCCURRED). (Enter nature of injury in Pa	rt I or Part II of item 18.)	YES NO
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 White of work	Not while foo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive an	and that death		0, 0	, that I last saw the deceased and an the date stated above tate) DATE SIGNED
Bur 170 1/20/1958 4	RE. NAME OF CEMETERY O	NATH CEM.	2d. LOCATION (City, town, of	r county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE CO-	ADDRESS / VERRA	LE HO DATE JAN	10 4 150	TRAN'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: F	Residence before admission)
MARYLAND	o. STATE Maryland	b. COUNTY Frince	Georges
ENGTH OF STAY IN 16			
l Davs	15 W. Hvatts	ville.	
ss)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
			YES NO
	May Sr.	OF DEATH Jan.	20, 19 58
NEVER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
DIVORCED :	7-22-79	78 yrs.	onths Days Hours Min.
OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State a	ir foreign country)	12. CITIZEN OF WHAT COUNTRY
Repairs			U.S.A.
	Sophronia	Cole	
AL SECURITY NO. 17.			
			hove
oli sed an	Les vicles		Years, IN PART 1(0) 19. WAS AUTOPSY
			PERFORMED?
Not while	LACE OF INJURY (Hame, farm, sclary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
, and that death	h accurred at 0:35P	M, fram the causes and	and I last saw the decease an the date stated above DATE SIGNE
	on Crematory	22d. LOCATION (City, town, or co Colmar Mano	,,
	Middle Mest. Never Married Divorced OF BUSINESS OR INDU OR PAIRS (o), (b), and (c), When la When la RIBUTING TO DEATH BU HOW INJURY OCCURRED OCCURRED Not while of work OCCURRED OCCURRE	Middle Last May Sr. NEVER MARRIED 8. DATE OF BIRTH DIVORCED 8. DATE OF BIRTH DIVORCED 7-22-79 OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of Depairs Defiance) 14. MOTHER'S MAIDEN N. SOPHYONIA AL SECURITY NO. 17. INFORMANT Martha H. May (c), (b), and (c). When las acceptate RIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN HOW INJURY OCCURRED. (Enter nature of injury in Part work 1971/2, tage OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.) M.D. 1971/2, tage M.D.	Days STREET ADDRESS d. STREET ADDRESS 5714 37th Ave. Middle

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

L-		. 2 01								Keg. Di	St. No.	
1.	PLACE OF DEATH a. COUNTY	nce George		MAR	YLAND	a. STATE	Md	ere deceased li	ved. If institution b. COUNTY	-	ce befare adm	ission)
		f autside carporate limi	Is. write	c. LENGTH OF STA	Y IN 1b			stride comorat	e limits, write Ri	IDAL and	nive nearest to	· · · · ·
	RURAL and give ne	earest town)			- 1				e minis, wing K	JKAE GIRG S	give neurear to	wiij
			V8	d. STREET		le, Md						
	OR INSTITUTION					/		*****	2.1			A FARM?
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Prince George General 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARR WIDOWE 10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	Hospital		4615	Powde	r Mill	Rd.		YES	□ NO 🔯			
	DECEASED			Middle (NMN)		Cord	sf	4. DATE OF DEATH	Man Ja	_	Day	Year 19 58
5.	SEX	6. COLOR OR RACE	7. MARE	NEVER MARK	IED B.	DATE OF BIRT	Н	9.	AGE (In years lost birthday)	IF UNDER	1 YEAR IF UN	
	Male	White	WIDOW	ED DIVORC	ED	0 3 0			77 yrs.	Months	Days Haur	s Min.
100	. USUAL OCCUPATION	N (Give kind of work				8-1-8(r foreign cour		12 CIT	IZEN OF WHA	AT COUNTRY
W.	achinist	ing life, even it refired		T.	ard	A 444	abama	ar roreign coon		US		AT COUNTRY
3.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				11/1/11/11
	UNKNOWN					UNKNO	NWC					
S.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	0. 17. IN	ORMANT			Addr	ess Be 7	Ltsvil	Te Md
(10	No	(If yes, give war or dotes of s	- '	216-22-07		live (). Mc	Cord,	4615 I	Powde	er Mil	i Rd.
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	E	for (a), (b), and (c)	ine to	eart	Paril	ue.			ONSET AN	
	420, 1 Conditions, if a	DUE TO	to	ronare	hea	Tour	010				Gre,	1141
	gave rise to it cause (a), stating lying cause lost.	mmediate DUE TO		1								
Z		IER SIGNIFICANT CON		ONTRIBUTING TO D	FATH BUT N	OT PELATED TO	THE TERMIN	IAI DISEASE C	ONDITION CIV	CALIAL BART	T 1/-> 10 >4/A	VOOCTHA
CATION	(Tubmona	ty	DALL 10/1.	emi		J THE TERMIN	ANT DISEASE C	ONDITION GIV	EN IN PAKI	PERI YES [ORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature o	of injury in Po	ort 1 or Part 11	af item 18.)			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yes	While	NJURY OCCURRED Not while to work	20e. PLAC	E OF INJURY I	(Home, farm, e bldg., etc.)	20f. (City or	tawn)	(0	County)	(State)
	21. I certify the alive an ALLA SIGNATURE	at I attended the way to .	195 dedu	CG 110111Z	ulvs à	9, 19.52 occurred at	9:20/4	M, fram I	17. 19.18 he causes a t, city or town, 4.18.15.5	nd an th	he date sta	
	PHYSICIAN'S NAME (Type)	Dr. W		aub								** .
	BURIAL, CREMATIO REMOVAL (Specify) Burial	, ,	58	Fort Lir				22d. LOCATIO Colms	N (City, town, o		r. Geo	ote) • Co • M
2 7 10	. W . Chambe	^	ny,	Riverdal	.e, M	d.	24a. REC'D	BY REGISTRA	R 245 REGIS		SNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page D FUNERAL DIRECTAIN After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouther registrar prior to burial, cremation, or removal, and in any event within 72 hours giver death. moy be retoined by VS A15 (4) 15M 10/57

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Dr. Valutadie

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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1035 CERTIFICATE OF DEATH

Reg. Dist. 1.045

o COU	of DEATH INTY Ce George	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Prince George				
b. CITY	OR TOWN (If outside corporate limits, write AL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limit	s, write RURAL and g	give nearest town)
OR I	rly Ac Of HOSPITAL (If not in hospital, give street INSTITUTION Ce George General	1-1-1-1-D	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME DECEAS (Type o	SED	Middle McDon	lost	4. DATE OF DEATH	Jan 10	Day Yeor
5. SEX	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH	9. AGE lost b	-Al-AA	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
Buring	NOCCUPATION (Give kind of work done 195 g mas) of working life, even if retired) R'S NAME THE	Public Roas Downigh	STRY 11 BIRTHPLACE (SIDE	ud		IZEN OF WHAT COUNTRY
1S. WAS D (Yes, no. or e	DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	informant formas f	me Do	Address	lame
Con gave couse lying	AUSE OF DEATH [Enter only one couse per lipe part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ditions, if ony, which erise to immediate (o), stoting the under-lipe ocuse lost.	Sarcomat eticulum	037 CE// Sm	coma		interval between onset and death 6 mo-8,
OR CO	PART II. OTHER SIGNIFICANT CONDITIONS OF THE PROPERTY OF THE P	CONTRIBUTING TO DEATH BU				1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ME OF INJURY Month, Day, Year 20d. II White p. m. 19 of wor	Not while to	ACE OF INJURY tHome, form ctory, street, office bldg., etc	20f. (City ar town)	(C	County) (State)
alive ACTU/ SIGNA	ALL SCHWART CIAN'S Dr. Saul Schwart	and that death		M, fram the c	auses and an th	ast saw the deceased the date stated above DATE SIGNED
22a. BURIA REMO	ITYPE) IN Dr. SEMUELS II. CREMATION, 22b. DATE THEREOF IVAL (Specify) II. 1 AL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY C ASCENSION	PR CREMATORY CEMA	22d. LOCATION (Cir BOWI'E D BY REGISTRAR 2	y, town, or county); Maryle	(Stote)

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		1036	ND STATE DEPART/ CERTIFIC	ATE OF DEAT			g. Dist. No.	
9	LACE OF DEATH L COUNTY Prince Georg		MARYLAND	2. USUAL RESIDENCE (V	Vhere deceased lived	I. If institution: Re		1.1.1) 4 7
t	CITY OR TOWN (If outs RURAL and give nearest Cheverly	ide corporote limits, wr	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corporate li		and give nearest	lown)
77	NAME OF HOSPITAL (IF OR INSTITUTION Prince Geor			d. STREET ADDRESS Annapolis	Junction	n	0	S RESIDENCE ON A FARM? ES NO
1	IAME OF DECEASED Type ar print)	First Miriam	Middle	McVicker	4. DATE OF DEATH	Month January	Day 4.	Yeor 19 58
5. \$		1117 . 9 .5 .	MARRIED NEVER MARRIED NOWED DIVORCED	B. DATE OF BIRTH 9 XX-14-57	9. AC	E (In years IF Ut birthday) Man	The Days Ho	UNDER 24 HRS.
100.	USUAL OCCUPATION (G during most of working li	re, even it retired)	10b. KIND OF BUSINESS OR IND	JSTRY 11_BIRTHPLACE (Stor	e or foreign country	12	CITIZEN OF W	THAT COUNTRY?
13.	FATHER'S NAME, Will	and R	Mr Victor	14. MOTHER'S MAIDEN	NAME	Wille	s'	
	NAS DECEASED EVER IN I	J. S. ARMED FORCES? give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	mr. V	Address (4	grage	nligh
	PART I. DEATH W		er line for (a), (b), and (c).]		11.000	0	INTERVA ONSET	AL BETWEEN AND DEATH
	7544 Canditions, if any, w	DUE TO	corretion	of ac	Strice	conte	4.7 a	minto
	gave rise to immed couse (o), stoting the un lying couse losts	DUE TO	fibro ekist	osis of	heart	(0/0/-	Sin	CQ
ATION			NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CON	IDITION GIVEN IN	PE	VAS AUTOPSY ERFORMED?
CERTIFIC	20a. ACCIDENT WAS UN OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	DERLYING [] 20b. AUSE OF DEATH CAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port 1 or Port II of	item 18.)		B NO L
MEDICAL	20c. TIME OF INJURY MO Hour o. m. p. m.	- W		LACE OF INJURY (Hame, for pactory, street, affice bldg., et		wn)	(County)	(Stote)
	21. I certify that I	attended the dec	- 50	- , 19 5 7, 10 3:20	Jun 4	, 1955 ,tho	it I last saw I	the deceased
	ACTUAL SIGNATURE	160	92, and that deal	n occurred of	M, from the ADDRESS (Street, &	ity or town, state)	on the dote s	DATE SIGNED
	NILVELETANIE /	John Buell		m.v.		Z-2	J	4-24-0.
	BURIAL, CREMATION, 22	PANE THEREOF.	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City, town or cause	nty) ard	(Stote) THE
23. F	UNERAL DIRECTOR'S SIGN	NATURE	ADDRESS	240. REC	DAY REGISTRAR	246. REGISTRAR	S SIGNATURE	7 7 7 10

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Hyattsville, Md.

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1038 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Prince Georges Maryland Prince Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hvattsville Chareria d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO X 3903 Queensarry Prince Georges General Hosnital 3. NAME OF First 4. DATE Middle Month Yeor DECEASED (Type or print) DEATH Miller 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months WIDOWED ... DIVORCED Female. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Public Schools Van Alstyne. Teacher Retired TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matthew Boffey Virginia Butridge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No or unknown) If yes, give war or dates of service Joe H. Miller. None None 3903 Queensbury 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 21. I certify that I attended the deceased from 195 Xthat I last sow the deceased and that death accurred at 1,10 AM, from the causes and an the date stated above. olive on ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 6110--43rd Ave.. Hyattsville. Md. PHYSICIAN'S Dr. John P. Clum NAME (Type) 226. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial Masonic Cemetery Pilot Point, Texas 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR W.W. Chambers Company, Riverdale, Md.

0 VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

01050

PLACE OF DEATH o. COUNTY	Prince Geor	rges	MARYLANI	2. USUAL RESIDENCE	Where decesse yland	b. COUNT		ce before o	admission)
and give negrest town	f outside corporate limits, write	RURAL C.	D.O.A.	11 . /	If outside corporation	orote limits, write	RURAL ond	give neores	t town)
	al or institution (if Georges Gene			4703 25th	Street	3			S PESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	Edward Edward		Middle M	ilton	4. DATE OF DEATH	Januar		8. 1	958
5. SEX Male	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH May 6, 189		9. AGE (In years last birthday) 60 yrs.	Months	YEAR IF U	JNDER 24 HRS. urs Min.
during most of working	ON (Give kind of work ding life, even if refired) rer's Repres	15		Homes. New J	ersey	ountry)	12. CITIZ	U.S.	A.
	athaniel Hyr	nan		Clair					
	ER IN U. S. ARMED FOR (If yet, give wor or dates of a	CES? 16. SOC	9-24-4418	Gerald Milto	m; same	Address address		2.	
Conditions, if a gove rise to imme (a), stating the cause tost.	diole couse underlying DUE TO (c)_	Ca	rdiovascula	ive heart fair renal disea	ase	CONDITION OF	Vest is a se		
CATIO							VEN IN PARI		RFORMED?
20g. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.	NTRIBUTING []	. DESCRIBE HC	JW INJURY OCCURRED.	(Enter nature of injury in Pa	ort I or Port II o	of item 18.)			
20c, TIME OF INJU	RY Manth, Day, Year	While	Not while of work	LACE OF INJURY (Home, for actory, street, office bldg., et	rm, 20f. (City	or tawn)	(Cou	nty)	(State)
	hat I took charge resulted from: N			ove, held an Autop		_	, Inquiry	Sec.	and in my
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	John T. Ma	Mals	M.D.	M.D. CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICAL	CAL EXAMINER	_		DA	TE SIGNED
REMOVALSpecify	22b. DATE THEREO	8 200	. NAME OF CEMETERY C	ulcher	C'D BY REGISTR	ION (City, town,	or county)	NATUE	Slote)

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the ward "pending" in pendil in them. 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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VS A15 (4) 1SM 9/5S

	MAKI	LAND SIA		MENT OF HEALTH		LTIMORE,	18	010)51
	10	40	CERTIFIC	ATE OF DEATI	1		Reg. D	ist. No.	
PLACE OF DEATH	rince Georg	e	MARYLAND	2. USUAL RESIDENCE (WI	nere decease	b, COUNTY		nce before o	dmission)
b. CITY OR TOWN RUPAL and give Chever	(If outside corporate lime in the corest lowe) Iy, Md	nits, write c. LEt	51 Days	c. CITY OR TOWN (IF			RURAL ond	give nearest	lown)
d. NAME OF HOS	PITAL (If not in hospitol, Geoge Gener	give street oddress ral Hosp:	ital	d. STREET ADDRESS 5017 Fe	x St.				S RESIDENCE ON A FARM? ES NO
NAME OF DECEASED (Type or print)		therine	Middle Mit	chell	4. DATE OF DEATH	Mod	Jan	_Б	Yeor 19 58
Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH March 29,	1911	9. AGE (In years jost birthday) 40 yrs.	IF UNDE Months	-	UNDER 24 HRS
during most of w	TION (Give kind of work orking life, even if refired Housewi	fe owr	**	USTRY 11. BIRTHPLACE (Stote Washing 14. MOTHER'S MAIDEN P Blanche	ton D	. С.		US A	VHAT COUNTS
	EVER IN U. S. ARMED FO	RCES? 16. SOCIAL		INFORMANT mes W. Mitch	ell	College		, Ma.	
Conditions, if gove rise to couse (a), static lying couse los	immediate DUE TO	O b)	arcina	ma, Du	ode	num		7	'yrs
0 11 /	THER SIGNIFICANT COL	IDITIONS CONTRI	BUTING TO DEATH BUT	T NOT RELATED TO THE TERM	NAL DISEAS	SE CONDITION GIV	VEN IN PA	RT 1(o) 19. V	VAS AUTOPSY
		Ton pecones	2011 (1.1110)			. 0. 61. 10.		YE	S NO
200. ACCIDENT OR CONTRIBUTII (IF EITHER, NOTI	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)			ED. (Enter noture of injury in				YE	s NO
20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING OF DEATH NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Day, You	ear 20d. INJURY	OCCURRED 20e. PI	ED. (Enter noture of injury in LACE OF INJURY (Home, form actory, street, office bldg., etc	, 20f. (Cit		((County)	
200. ACCIDENT OR CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTI YOU DO NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WAS UNDERLYING OF DEATH NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Day, You	ear 20d. INJURY While of work of a deceased from the control of th	OCCURRED 20e. PI	LACE OF INJURY (Home, form sclory, street, office bldg., etc., 19.574, 10., to continue to the	Jan., 20f. (Cir.)	y or town)	S,that I	(County)	(State
20o. ACCIDENT OR CONTRIBUTION OF CONTRIBUTION	was underlying ng cause of death FY MEDICAL EXAMINER) URY Month, Doy, You not that I offended the first offended the Dr. Holbre	eor 20d, INJURY White of work of the deceased from 19	OCCURRED 20e. Plant while to work of the control of	LACE OF INJURY (Home, form sclory, street, office bldg., etc., 19.5 (4.10), h occurred at	M, from ADDRESS (S	y or town) 19.02 m the couses (Ethot I and an istote) M. J. or county)	(County) last saw the date :	(State

CONTRACTOR OF THE PARTY STREET, STREET

by an art shirt was trained and the same

BUREAU V. B.

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RECEIVED PROPERTY.

	o. COUNTY Prince G			MARYLAND	o. STATE Maryl	and		Prince	eorge	8		
	RURAL ond give of Cheverly	(If outside corporole limit neorest town)	ts, write c.	LENGTH OF STAY IN 16		SVILLO	utside corpor	ote limits, write R	URAL ond	give nea	irest town	•)
7	OR INSTITUTION	TAL (If not in hospital, g		ress)	d. STREET	ADDRESS 71st.	Ave	/				PARM?
3.	NAME OF DECEASED (Type or print)	Baby Boy	si	Middle	Montagu	ast	4. DATE OF DEATH	Mon		Do:	'	Year 19 58
5.	SEX Male		7. MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIT	TH - 10		9. AGE (In years lost birthdoy) yrs.	IF UNDER	Doys	-	
100	during most of wo	ON (Give kind of work or rking life, even if retired)	done 10b. KIN	D OF BUSINESS OR IND	USTRY 11. BIRTH			untry)		TIZEN O		COUNTRY
		cent Monta ER IN U. S. ARMED FOR (If yes, give wor or dates of se	CES? 16. SO	CIAL SECURITY NO. 17.	Audr INFORMANT Mother	ey Jan	e Nick	erson Add	ress			
		ATH [Enter only one co	I	or (o). (b). ond (c).]	TIBIT	-11				INTE	RVAL BET	TWEEN
	7714	IMMEDIATE CAUSE (o		VE 1-11+1	UKII	1	-		-			
	Conditions, if gove rise to couse (o), stoting	DUE TO Dony, which (b) immediate DUE TO)	NE 1914 1	UK / I	7					35,	mi
CATION	Conditions, if a gove rise to couse (o), stoting lying couse lost.	DUE TO ony, which immediate the under-)	TRIBUTING TO DEATH BU	IT NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIV	'EN IN PAR			AUTOPSY
CERTIFICATION	Conditions, if a gove rise to couse (o), stoting lying couse lost. PART II. OT	DUE TO ony, which immediate the under-) DITIONS <u>CON</u>	TRIBUTING TO DEATH BE					'EN IN PAR		9. WAS A	RMED?
MEDICAL CERTIFICATION	Conditions, if a gove rise to couse (o), stoting lying couse tost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	DUE TO Day, which immediate the under- the under- HER SIGNIFICANT CONI	DITIONS CON	RY OCCURRED 20e. F		of injury in I	Port 1 or Part	II of item 18.)			9. WAS A	AUTOPSY
CAL CERTIFI	Conditions, if a gove rise to couse (o), storing lying couse tost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m.	DUE TO Ony, which immediate the under. DUE TO (c) HER SIGNIFICANT CONI AS UNDERLYING CONICAL CAUSE OF DEATH (MEDICAL EXAMINER) RY Month, Day, Yeo	DITIONS CON 20b. DESCRIE or 20d. INJU While of work	RY OCCURRED 20e. I	PLACE OF INJURY octory, street, off	of injury in I (Home, form ice bldg., etc.	20f. (City	or town) A1, 19 50 the causes of	,that I	County)	9. WAS A PERFOI YES	AUTOPSY RMED? NO (Stole)
CAL CERTIFI	Conditions, if a gove rise to couse (o), stoting tying couse tost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m. 21. I certify to alive on ACTUAL SIGNATURE	DUE TO ony, which immediate the under. (b) HER SIGNIFICANT CONI AS UNDERLYING	DITIONS CON 20b. DESCRIE or 20d. INJU While of work	RY OCCURRED 20e. Not while of work	PLACE OF INJURY octory, street, off	of injury in I (Home, form ice bldg., etc.	20f. (City	II of item 18.) or town) A1 , 19 50	,that I	County)	9. WAS A PERFOI YES	AUTOPSY RMED? NO (Stole)
MEDICAL CERTIFI	Conditions, if a gove rise to couse (o), storing lying couse tost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTINK (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m. 21. I certify to alive on	DUE TO DONY, which immediate the under- the under- HER SIGNIFICANT CONI AS UNDERLYING COLUMN CAUSE OF DEATH MEDICAL EXAMINER RY Month, Day, Year 19 hat I attended the 30 Dr. Thomas	20b. DESCRIE or 20d. INJU While of work deceased 1, 19 5	RY OCCURRED Not while of work 20e. Fram. 30 The property of the prope	PLACE OF INJURY octory, street, off h occurred a	of injury in I (Home, form ice bldg., etc.	20f. (City	or town) or town) or town) the causes completely or lown, different town, different to	,that I	County)	9. WAS A PERFOI YES	(Stole)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06 (F min Provential and cardus Carlotte Car epine (e) BUREAU V. E. E361 5 833 ECEINE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the certification wand "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the funeral direction 4 should be forw. At to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and is any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1085 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01053

Reg. Dist. No.

	LACE OF DEATH	Prince Geo	rges	MARYLAN	o STATE	D.C.	b. COUNT		e before admission)
Ь	city or town (II and give negrest found Bowie		• RURAL	c. LENGTH OF STAY IN 11	1	VN (If outside co	rporote limits, write	RURAL ond g	ive nearest lown)
d	. NAME OF HOSPITA	AL OR INSTITUTION	If not in hosp	oital, give street address)	d. STREET ADDR	RESS			e. IS RESIDENCE ON A FARM?
	Pennsyl	vania Rail	road I	racks	2008	13th Str	reet, N.W.		YES NO
1	NAME OF DECEASED (Type or print)	Mary	st	Middle Louise	Montague	4. DATE OF DEATH	January		Doy Yeor 19 58
5. \$	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years fast birthday)	IF UNDER 14	
	Female	Colored	WIDOWED	DIVORCED [11-12-189	96	61 yrs.	Months Do	nys Hours Min.
10a	. USUAL OCCUPATION In the control of working Housewife	g life, even if retired)	done 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE		country)		S.A.
13.	FATHER'S NAME				14. MOTHER'S MAI	DEN NAME			
	Georg	e T. Arnol	d		Elean	or Quan	ler		
	WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17	. INFORMANT		Address		
Yes	, no, es enknown)	(If yes, give war or dates of	service]		Chas.T.Arno	ld; Bow	ie, Md. H	Brother	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o			and shock,				INTERVAL BETWEEN ONSET AND DEATH
ATTON	Conditions, if a gave rise to immed (a), stating the couse last. PART II. OTH	diote cause ounderlying DUE TO)	Multiple c	ompound, co				
MEDICAL CERTIFICATION	20g. EXTERNAL CAI PRIMARY Or COI CAUSE OF DEATH. 20c. TIME OF INJU Hour XX. 7.03 p. m.	1-3- 19	Structor 20d. I While of wo		er train or PLACE OF INJURY (Home octory, street, office bld Railroad tr	Pennsy , farm, 20f. (Ci g., etc.)	lvania Rai	rince C	eorges, Md.
	opinion death	resulted from:	Noturol o	causes [], Acciden			Carried .	rmined mo	
	ACTUAL SIGNATURE	10 hu 0	·Mo	aloney	M.D. CHIEF MEDI	CAL EXAMINER	3		0.112
	EXAMINER'S NAME (Type)	John T.	Malone	y, M.D.		MEDICAL EXAMINER		ary 3,	1958
220	REMOVAL (Specify	N, 226. DATE THERE	OF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC	ATION (City, town,	or county)	(Stote)
B. 23.	runial	1.8.58	00	Lincoln Mem		Su:	STRAR 245. REGI	aryland	
A	ofut	4. MC	Lu	10/820-9	ISN.W. ON	TELLIN 8	58 au	esuic	1
-	-			Wash	· D. C-				

MEDICAL PRANSIVERS CHRISTOPPORTED ATA economics content of the RESERVE OF THE PARTY OF THE Probably Tones. Church 1 (2002d; Tomis, 26. 22002d) chords bur of the call The state of the s Control of all activates to start in owner to be self-Parties and a spirit BUREAU V. S. SSEL & NATIONAL STATEMENT OF THE SECOND SECO com T. Talone, I. I. 11.5.1. Surging of the contract of the contrac eral director, be filed with

M

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by hospital ar attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the

D FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sho the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57 . 1042

CERTIFICATE OF DEATH

Reg. Dist. No.

	1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who			e before admission)
		Prince George	MARYLAND	Md	ь	COUNTY	
		b. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or		its, write RURAL and gi	ve nearest town)
		d. NAME OF HOSPITAL (If not in hospital, give street	oddfess)	d. STREET ADDRESS	de, Ma		e. IS RESIDENCE
	I	rince George General Hos	pital	1			ON A FARM?
				7407	Varnum St		YES NO Z
		NAME OF First DECEASED (Type or print) Robert	Middle Mo	Lost	4. DATE OF DEATH	Month Jan	Doy Year 19 1958
	-	SEX 6. COLOR OR RACE 7. MARI		ore 8. DATE OF BIRTH	9. AGE	(In years IF UNDER 1	YEAR IF UNDER 24 HRS.
)		Male White WIDOW		8/31/10	lost		Days Hours Min.
	100	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY TI. BIRTHY LACE (Stote	or foreign country)	12. CITI2	EN OF WHAT COUNTRY?
i	20	Eccentart he by surans	Lels Enthor	nd Masky	water	DC.	U. S. a.
	13	FATHER'S NAME Broken		14. MOTHER'S MAIDEN N	IAME/	. ~ /	The state of the s
	M	ohn R. Mario		MAJOKAO	LAVERE	1400	an
1			SOCIAL SECURITY NO. 17. II	NFORMANT /	W	KLQAddress /	Janes
((Ye	(If yes, give war or dates of service)	10	I and itto	Vand	Con Co	2
	H	18. CAUSE OF DEATH [Enter only one cause per li	ne for thi (b) and (c)]	my ces co	- / F was	unit /	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Kenal	In luis.	50-		ONSET AND DEATH
		MMEDIATE CAUSE (a)	Contract	1			
			to ment	U	211-	1 1	
	3	Canditions, if ony, which gove rise to immediate (b)	1 perces	Sulling	1	neo deler	1000
		couse (a), stating the under-	dernetin -	ande	5777	send de	Det.
	Z	lying couse lost. (c)	11				
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS	LOIST KIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIT	NAE DISEASE CONL	THON GIVEN IN PART	PERFORMED?
har-	2						YES NO
	CERTIFI	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	ort 1 or Port II of it	em 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. II Haur a. m. While	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or tow	n) (Co	ounty) (Stote)
	ME	p. m. 19 of war	k of work		, ,		
		21. I certify that I attended the deceas	ed from 1/17	1, 1958, to	1/19/	. 19 56 that I le	ast saw the deceased
		alive an 1119 / 19	2 ond that death	accurred at 9:05A	M. from the	causes and an the	e date stated abave.
		100	,		ADDRESS (Street, cit		DATE SIGNED
	- 3	ACTUAL SIGNATURE TO TREET	ver)	10 740 9 W	anne	un St	1/19/18
1		11	,	(1)	9	1100	10 1
		PHYSICIAN'S F. E. MU	55 Er	ford	over	Hello	Iled.
	220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. NOCATION IC	ity, town, or county)	(Stote)
1	3	ertal 1/22/58	Mr. Clivet C	2melery	Mashi	ngton. 1	oe.
,	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	- m. 1949. REC'E	BY REGISTRAR	246 REGISTRAR'S SIGI	NATURE
		Talleria Funeral Ho	mo mr Kal	succ, DATE		0.1	- 1
				UA	N 2 2 50	title to the sales	1

BUREAU K.

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RECEIVE

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01055

1943

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince G	eorge		MARYLAND	2. USUAL RESIDENCE o. STATE Maryland	E (Where decease	L COUNTY			sion)
	(If outside corporate lim nearest tawn)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orate limits, write R	URAL ond give	nearest tow	n)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital,		oddress)	d. STREET ADDRESS 4.001 Ingraham Street e. IS RESIDENT ON A FARM YES \(\) NO					
3. NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATE	Mon	th		Yeor
(Type or print)		vina		Moral es	DEATH	14	// 1-	5-	19 58
5. SEX	6. COLOR OR RACE	7. MARRI	ED 🚺 NEVER MARRIED 🗍	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months Day		ER 24 HRS.
Female	White	WIDOWE	treed treed	July 1st		368 65	Monins Day	Hours	Min.
during most of w	TION (Give kind of work orking life, even if retired)	CIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (S	Stole or foreign of	ountry)	12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME				
Willi	am C Chaur	ncey		Cassi	e Ludw	ie			
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT		Adde	ress		
	(ii yes, give was as acres or		none	Taylor S	Moral	es			
Conditions, if gove rise to couse (o), stolin lying couse los	immediate DUE TO the under- THER SIGNIFICANT CON Typrthy	DITIONS CO	ONTRIBUTING TO DEATH BU	il 1957	ERMINAL DISEAS	E CONDITION GIV	Evilone	PERFC	2
OR CONTRIBUTION	VAS ÚNDERLYING () IG () CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture of injur	y in Port I or Par	t II of item 1B.)			
W 20c. TIME OF INJU-	. 10	While	JURY OCCURRED 20e. P Not while of work	LACE OF INJURY (Home, octory, street, affice bldg.	form, 20f. (City, etc.)	or town)	(Count	(y)	(Stote)
21. I certify	that I attended the	decease	d from Feb.	1945, to	1000	5 , 1959	that I last	saw the	deceased
ACTUAL SIGNATURE	Valdo B	· Me	-7, and that deat	M.D. 3503	PM, fran		and an the a	date state	
PHYSICIAN'S NAME (Type)	Noldo	13.1	Moyers		Rain	ier M	d		
220. BURIAL, CREMAN REMOVAL (Specif	1-8-	58	22c. NAME OF CEMETERY C	CREMATORY COM.	22d. LOCA	llngto	or county)	Va	e)
23. FUNERAL DIRECTO	ris SIGNATURE	240	address CUC	1 301-	REC'D BY REGIST	IRAR 246. REGIS	STRAR'S SIGNAT	TURE	

4.

BUREAU V. E.

Present.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.
BUREAU V. S.

FOR STATE

HEALTH DEPT. Foode Files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessed execute the certification world "in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral direct A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its deviated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

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VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01057

)								Keg. Di	IST. NO		
	LACE OF DEATH						2. USUAL R	ESIDENCE	(Where decea	sed lived. If institu		nce bef	ore odmi	noies
•		ince George	28		MARY	LAND	o. STATE	Mar	vland	b. COUNT	Y Pri	nce	Geor	rges
b		autside corporate limits, writ	PURAL	c. LENG	TH OF STAY	IN 1b	c. CITY C	OR TOWN	(If outside cor	porote limits, write				-0
	ond give nearest town	_		D	.O.A.		X	Τ.	anham					
d		AL OR INSTITUTION (tf nat in t			5)	d. STREET	ADDRESS	Stricti				e. IS RI	ESIDENCE
F	rince Geo	rges Genera	1 Ho	enite	1		1 0	131	6th St	reet.				A FARM?
	NAME OF	Fir		OPT OF	Middle			ost	4. DATE	Mont	h	Dov		eor
(Type or print)	Joseph		Andrew	N		oczka		OF DEATH	Janu	ary	5,	1	9 54
5. 5	EX	6. COLOR OR RACE	7- MAR	RIED NE	VER MARRIE	8.	DATE OF BIR	TH ·		9. AGE (In years fost birthday)	Months	Days	Hours	ER 24 HRS. Min.
	Male	white	WIDOW	/ED []	DIVORCED		2-0	5-14		43 yrs.	Monnis	Days	HOURS	Min.
10a	USUAL OCCUPATIO	ON (Give kind of work g life, even if retired)	done 10b	. KIND OF B	USINESS OR	INDUSTR	Y 11. BIRTHI	PLACE (Stol	te or foreign	country)	12. CITI	ZEN OI	WHAT	COUNTRY
	Accountan			U.S.	Gov't.		Penn	nsylva	ania			U.S	S.A.	
13.	FATHER'S NAME						14. MOTHER	S MAIDEN	NAME					
	Paul	J. Mroca	ka.					Anna	Stos					
	WAS DECEASED EVI	ER IN U. S. ARMED FO		6. SOCIAL SI	ECURITY NO.	17. IN	FORMANT			Address				
-	es.	W.W. 2.	tervices			V:	rginia	Mro	czka; S	Some addr	ess a	s #	2.	
		TH Enter only one cou	use per lir	ne for (a), (b)), and (c).]				,	d		INTER	VAL BETWE	ŧŧN.
		H WAS CAUSED BY		Aouto	conges	at i wa	heori	t fot	lure			ONSE	T AND DEA	4111
	1/11/2	DUE TO		Mence	Courses	DOTAC	, Hear	o rer	Lare					
	Conditions, If or	A		Candi	vascu	lan s	. Feren	d1 eee	-					
	gave rise to immed	diole couse	L	Carare	ovascu.	Terr. 1	GIIGIT	птосы	56			-		
	(of, stating the couse lost.													
z) (c)		CONTRIBUTI	NG TO DEAT	H RIIT NO	OT RELATED T	O THE TER	MINAL DISEAS	E CONDITION GIV	VEN IN PAR	T 1/01/19	D W/AS	VZGOTILA
110	VARI II, OII	ien oronn, er in treon							,		214 014 1740		PERFO	RMED?
PIC	20. EVIENNAL CAL	ISE WAS 100	A DECCE	DIRE HOW IN	DURY OCCUS	DRED /E-	tát natura at	iai i p	art I or Port II	1.4: 10.1		1.	ES []	NOTO
CERTIFICATION	200. EXTERNAL CAL PRIMARY OF CON CAUSE OF DEATH.	ATRIBUTING []	DESCR	IBE NOW IN	BOKT OCCUP	WED. IE	iei noiore or	initory in re	un i or ron n	of item te.)				
	20c. TIME OF INJUI	RY Month, Day, Ye	or 120	J. INJURY O	CCHOOSED 2	On BLAC	E OF MUNICY	/Nome for	rm. 20f. (Cit		15-			/51-A-1
MEDICAL	Hour o. m.		WI	hile No	of while	foctor	y, street, offi	ce bldg., el	lc.)	y or town;	(Cou	niyj		(Stote)
M	p. m.	19		Band	work									
	21. I certify th	not I took charge	of the	remains	described	d obov	e, held a	n Autop	sy des,	nspection []	, Inquir	у 💢	an	d in my
	opinion death	resulted from:	Natura	causes 2	OL Accid	dent []. Suici	de 🔲,	Homicide	. Undete	rmined r	nonne	r 🔲	
	1	1 5	ma										DATE S	ICALED
-1	ACTUAL SIGNATURE	Am.	- 141	alen	nen		M.D. CHIEF	MEDICAL	EXAMINER []			DAIL 3	HONED
							ASSIST	ANT MEDI	CAL EXAMINI	ER 🗀				
	NAME (Type)	John T. ma	lone	y, M,I),		DEPUT	Y MEDICA	L EXAMINER	ick Ja	nuary	5,	195	57
770	BURIAL, CREMATIC REMOVAL (Specify)	N. 226. DATE THEREC			AE OF CEMETI	ERY OR O	REMATORY	1160	22d, LOCA	TION (City, town.	or county)	Y	(Slote	•)
23.	FUNERAL DIRECTOR	'S SIGNATURE	,	ADD	RESS	50	, *		C'D BY REGIS	TRAR 246, REGI	STRAR'S SIC	SNATUR	E	
h	>1000 177	uncial)	Low	C.	my	ONE	inc	4	V .		1	- 1		
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Year

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12. CITIZEN OF WHAT COUNTRY?

INTERVAL PETWEEN

PERFORMED? NO T

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DATE SIGNED

1958

(State)

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1013 VS. A15ME 5M 2/57

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FOR STATE HEALTH DEPT.

files. DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess ecute the certification withing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direction thauld be farm, 18 to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board its designated agent, priar to burial, cremation, ar remaral, and in any event within 72 hours after death.

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VS.				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01059

Reg. Dist. No.

PLACE OF DEATH			Vhere deceased lived. If institu		admission)
o. COUNTY Prince Georges	MARYLAND	o. STATE Mar	yland b. COUNTY	Pr. Geo.	
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	autside carporate limits, write	RURAL and give neare	st town)
Riverdale	D.O.A.	X Unive	ersity Park		
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	spitol, give street oddress)	d. STREET ADDRESS			IS RESIDENCE ON A FARM?
Leland Memorial Hospi	tal	3906 Co.	llege Heights I		S NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day	Yeor
(Type or print) Boleslau	M	slinski	DEATH January	20,	19 58
	IED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years lost birthday)		JNDER 24 HRS
Male white WIDOW	DIVORCED	December 24	=000 (1	Manths Days Ho	Min.
100. HSUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR INDUST			12. CITIZEN OF W	HAT COUNTRY
during mast of warking life, even if retired)	lectrical	Poland		U.S.A.	
Retired mechanic I	Techtical	14. MOTHER'S MAIDEN	NAME	U. D. A.	
Unknown			nknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. IF	IFORMANT	Address		
[Yes, no, er unknown] (If yes, give wor or dotes of service)				" "	
No		legina Kope	o; same address	The state of the s	
1B. CAUSE OF DEATH [Enter only one couse per line	far (o), (b), and (c).]			INTERVAL DINSET AN	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)					
442 X DUE TO				Sec. 19 10.5	
Conditions, if ony, which) (b)	Cardiovascula	ar renal dis	ease.		
gave rise to immediate cause					
(a), stating the underlying					
1-	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. V	VAS AUTOPSY
FART II. OTHER SIGNIFICATIVE CONTINUES				YES	EKFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS OF THE PRIMARY OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH.	BE HOW INJURY OCCURRED. (E	nter noture of injury in Po	rt For Part II of item 18.)		
3 20c, TIME OF INJURY Month, Day, Year 20d		CE OF INJURY (Home, for		(County)	(State)
Hour o. m. Wh	I HOT WITH	ory, street, office bldg., etc	:.)		
	vork ot work	un bald on Auton		1	and in m
21. I certify that I took charge af the			the second second		and in my
apinion death resulted fram: Natural	causes Accident		Hamicide	rmined manner	
1 1 - 4	1			D	ATE SIGNED
SIGNATURE STAND-YVG	Janes-	M.D. CHIEF MEDICAL E	XAMINER [
		ASSISTANT MEDIC	CAL EXAMINER		
EXAMINER'S John T. Maloney	M.D. //	DEPUTY MEDICAL	EXAMINER Ja	nuary 20,	1958
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,		(Stote)
Burial 1/23/58	Mt. Olivet C		Washington		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE	
	attsville Mary		**** O 4 158 00		4

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN Af outside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE YES NO D Day Year 190 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? EGATION INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 3195 Kthat I last saw the deceased and that death accurred at 5364 M, fram the causes and an the date stated above. DATE SIGNED 22d. LOCATION (City, town, or (county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JAN

CENTERCATE OF DEATH

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TO REAL PROPERTY AND ADDRESS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 108MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions, Residence before admission) o. COUNTY Page files. Health, a. STATES b. COUNTY MARYLAND b. CITY OR TOWN Itt outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) ond give negrest town! retained for se State Board d. NAME OF HOS ITAL OF INSTITUTION (If not in hospital give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM 600 YES NO State NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH offer 5. SEX OR RACE 7. MARRIED THEVER MARRIED TO DATE OF BIRTH A AGE IFUNDER TYPA IF UNDER 24 HRS. (in years may Month Days Hours Min. WIDOWED DIVORCED 1, z, Page 5 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS, OR INDUSTRY 11. BIRTHPLACE (State or foseign country) 12. CITIZEN OF WHAT COUNTRY? diving most of working life, even if retired) e Pages 1 pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT with for Myes, give war or dates of 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). alang 1 INTERVAL BETWEEN per puo ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit Office DUE TO Conditions, if ony, which gave rise to immediate cause pending in p **PUE TO** (a), stating the underlying 0 couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY used PERFORMED? ief Medical L NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Chief 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Doy, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while o. m of work of work the p. m 21. 1 certify that I took charge of the remains described above, held an Autapsy . Inspection 19. Inquiry 1 and in my D forwarded 1 opinion death resulted from: Notural couses Accident . Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 4 shauld be f ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type DEPUTY MEDICAL EXAMINER de CREMATION, 22b. DATE THEREOF 220. BURIAL 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City) towns or county (Slote) 0 0 23 JUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b GISTRAR'S SIGNATURE VS. A15ME DATE 5M 2/57



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. A.

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by the relatined by the hospitol of offending physician	FUNERAL DIRECT After this certificate has been signed by the ottending physician and completely filled in by the crand director,	ge 3 should be detoched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with	s registrar prior to burial, cremotion, or removal, and in any event within 72 hours ofter death.
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2	5	ge	40

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01064**CERTIFICATE OF DEATH** 1048 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Prince George b. CITY OR TOWN (If outside corporate limits, write | c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cheverly, Md 18 Days Mt. Rainier Md d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George General Hospital 101 YES NO 31st. St NAME OF First Middle 4. DATE Lost Yeor DECEASED (Type or print) William Raines DEATH Jan 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) White Months Days Hours 9.7 e WIDOWED DIVORCED | 8/4 yrs Reb. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Retired Conductor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ---Raines Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) (Yes, no. or unknown) Raines. 21 N. Tremont Ave. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CEREBRAL Thrombosis IMMEDIATE CAUSE (o) DUE TO everylized Antenioschenosis Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Anterioscherotic HEART YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased from. 195 8, that I last saw the deceased ..., and that death occurred at 10:30A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL MT RAINIER Md PHYSICIAN'S NAME (Type) Dr. Comeau 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Jan. Thornrose Cemetery Staunton. Va. Odi 23. FUNERAL DIRECTOR'S SIGNATURE itzke Funeral Directors, 4101 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Edmondson VS A15 (4) DATE 15M 10/57

BUREAU V. E.

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil is Item. 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to barial, cremation, or removal, and in any event within 72 hours after death. I

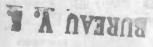
VS. A15ME 5M 2/57

ARYLAND STATE	DEPARTMENT	OF HEALTH-BA	LTIMORE,	18
MEDICAL EX	AMINER'S CI	ERTIFICATE OF	DEATH	D.

Reg. Dist. No. 11065

1. PLACE OF DEATH g. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)									
Prince Georges MARYLAND			o. STATE	<i>laryl</i>	and	b. COUNT	Pr.	Geo	•			
B. CITY OR TOWN It outside corporate limits, write RURAL ond give nearest fown)								porate limits, write	RURAL and	give near	ist fown)	
						rcrof	C					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Prince Georges General Hospital				1 6835 3869	3rd	Stre	et			ON A FARM?	
3.	NAME OF DECEASED	Fire	**********	Middle		Lost		4. DATE	Mont	h .	Doy	Year
		filo	Stron	ng Re	ees			DEATH	January	24.		19 58
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B			DATE OF BIRTH			9. AGE (In years lost birthday)			UNDER 24 HRS.		
	Male	white	WIDOWE	D DIVORCE	DO	June 12	2, 18	86	71 yrs.	Months [Doys Ho	ours Min.
10	o. SUAL OCCUPATION	N (Give kind of work	done 10b.	CIND OF BUSINESS O	R INDUST				country)	12. CITIZ	EN OF W	HAT COUNTRY?
	Retired car			Construct:	ion	Penr	nsylv	ania			U.S.	A.
-	FATHER'S NAME					14. MOTHER'S						
	Arthur	Rees				Ha	attie	Whi	tney			
15	S. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	O. 17. II	FORMANT			Address			
ľ	No	None		Inknown	M	atilda H	I. Re	es;	same addr	ess as	#2.	
	18. CAUSE OF DEATI	H [Enter only one cou	se per line	for (o), (b), ond (c).]							INTERVAL	DETWEEN
	PART I. DEATH WAS CAUSED BY: Acute congestive seart failure											
	442x	MMEDIATE CAUSE (6) DUE TO	-									
	Conditions, If an			Cardiovas	scula	r renal	dise	ase				
	gave rise to immedi	ote couse										
	(a), stating the uncourse lost.	nderlying (c)	G 18	W 2534							136	
2	PART II, OTHE	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART	1(o) 19. V	VAS AUTOPSY
CATK	Carcino	ma of pros	state.								YES	ERFORMED?
CERTIFICATION	PRIMARY Or CON CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIB	E HOW INJURY OCC	URRED. (E	nter noture of inj	ury in Par	t i or Part II	of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Doy, Yes	Whil		20e. PLAC	CE OF INJURY (Hory, street, office	lome, farn bldg., etc	20f. (Cit	y or town)	(Cou	nty)	(Stote)
	21. I certify the	at I took chorge	of the	remains describ	ed abo	ve, held an	Autops	у 🔲 . І	nspection X	Inquir	X,	and in my
	opinion death resulted from: Natural couses Accident , Suicide , Homicide , Undetermined manner											
	ACTUAL SIGNATURE	m J.9	Mal	loney		_M.D.		CAMINER [Di	ATE SIGNED
	EXAMINER'S NAME (Type)	John T. Ma	alonez	M.D.				AL EXAMINI EXAMINER	- Land	nuary	24,	1958
22	Ro. BURIAL CREMATION REMOVAL (Specify) Burial	Jan. 27	,	Fort Lin		CREMATORY 1 Cemet	ery	Colm	TION (City, town, ar Mano			(State) . Co. Md
	. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24o. REC'	D BY REGIS	TRAR 246-REGI	STRAR'S SIG	NATURE	
	W.W.Chamb	ers Compa	any,	Riverdal	Le, A	id.	DATE	IAN 2 8	'58 UL	en ed		

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FOR STATE HEALTH DEPT. Page Files. of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessive execute the certification writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral difference of should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its devicated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	RE, 18
1090 MEDICAL EXAMINER'S CERTIFICATE OF DEAT	H

01066

	1090			Reg. Dist. No.
I. PLA	CE OF DEATH		2. USUAL RESIDENCE (Where deceased lived.	If institution: Residence before admission)
u. (Grinel (Glarges MARYLAND	G. STATE Washing b	COUNTY (True Care
b. C	ITY OR TOWN (if outside perpenale limits, wi	111	c. CITY OF TOWN (If autside corporale lin	nits, write RURAL and give nearest (wn)
d. N		(It not in haspital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES I NO TO
	ME OF	irst Middle	Losta 14. DATE	Month Day Year
(Typ	CEASED De ar print) Hav	ry arnold	Richarl PEATH	Jun 12 1958
5. SEX	all white	WIDOWED DIVORCED C	DATE OF BIRTHY 1937 9. AGE Fort bly 20	Months Days Hours Min.
10a. U	SUAL OCCUPATION (Give kind of working most of working file, even if retired)	h Checken 185 Guar	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FA	THER'S HAME ON PLEN	yani Richard	14. MOTHER'S MAIDEN NAME A COLOR	Conten
15. W.		ORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Lenyoma & Recha	Address Breed in land
18	. CAUSE OF DEATH [Enter only one co	puse per line for (o), (b), ond (c).]		INTERVAL INTWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	cerebral Con	pression	ONSET AND DEATH
3	3/X DUE TO			
	onditions, if ony, which)	Intracranial	Hemorrhage	
	ave rise to immediate cause DUE TO			
	acces I not	(c)		
CERTIFICATION CV	PART II, OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CERTIFIC	G. EXTERNAL CAUSE WAS IMMARY OF CONTRIBUTING AUSE OF DEATH.	206. DESCRIBE HOW INJURY OCCURRED. (E	inter noture of injury in Port I or Port II at item)	8.)
MEDICAL 20	c. TIME OF INJURY Month, Day, Yo Havr a. m. p. m. 19	While Not while lact	CE OF INJURY (Home, form, ary, street, affice bldg., etc.)	(County) (State)
2	1. I certify that I took chorg	e of the remoins described abo	ve, held on Autopsy X, Inspection	on 1, Inquiry 1, and in my
ol	pinion deoth resulted from:	Natural causes Accident	, Suicide , Homicide ,	Undetermined monner
		(062		
	GNATURE AND	N. Took	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
E) N	XAMINER'S James	I. Boyd	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	January 13, 1958
220. BL	urial (CREMATION, 226. DATE THERE EMOVAL (Specify)			
23. FUI		ADDRESS Upper		4b. REGISTRAR'S SIGNATURE
R	itchie Bros.Fun	eral Home-Maribor		acelosiil

MEDICAL EXAMINED CORRESPONDED OF DEATH

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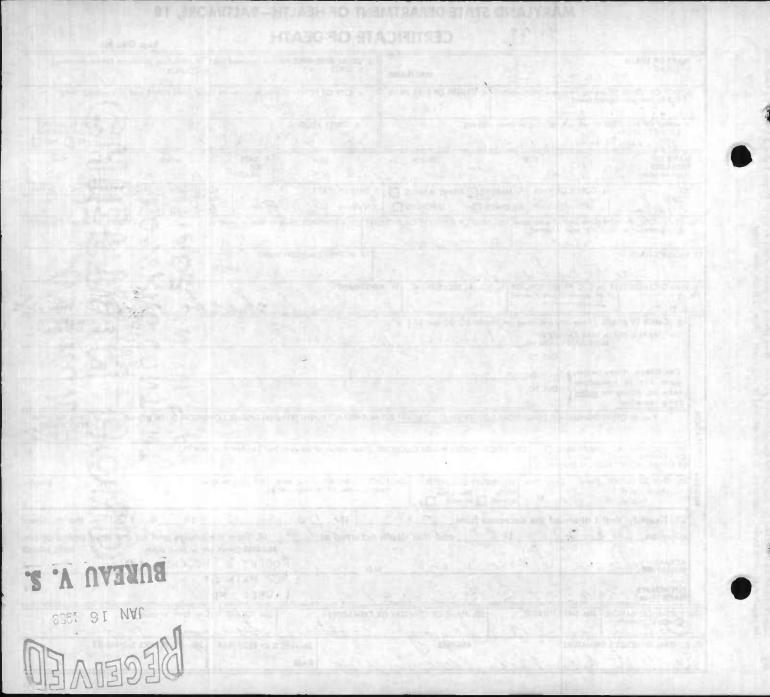
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Alteria Aron Puneral Home-production attacks

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TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

USA

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

day

PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stote)

mos.

Days

(County)

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

Months

YES NO THE

Year

19 58

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FEB 3 1958

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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BUREAU V. S.

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BECEINED

FOR STATE HEALTH DEPT.

ary, please Page Files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is necessive the certificate withing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral direction of the forward of the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after decit.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01070 1 19 DICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
6. COUNTY Princl, Glarge MARYLAND	a. STATE Marulando. COUNTY Plus Searces
b. CITY OR TOWN III outside corporate limits, with ROYAL c. LENGTH OF STAY IN 1b and give nearest loging.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
melwood 16 year	1 X Mely rood
d. NAME OF HOSPITAL OR INSTITUTION (If not in Hispital, give street address)	d. STREET ADDRESS) e. IS. RESIDENCE ON A FARM?
melwood Mood	melwood / ook YES NO !
3. NAME OF DECEASED (Type or print) Comer Edward	A. DATE Month Doy Year OF DEATH Server 1958
5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH S. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
Male While WIDOWED DIVORCED	iprix 1, 180 /) yn.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF I	TRY 11. BIRTHPLACE (Store of foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jank Kuse	Ida Nonal dson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address RT# Jon 300 A
n m	s Jena Aweenen, Luha Mar Char
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATHS
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	tion
161X DUE TO	0 /
Conditions, if any, which) (b) (prelye	me of Langense
gave rise to immediate cause (a), stating the underlying DUE TO	
cause last. (c)	, , , , , , , , , , , , , , , , , , , ,
1/0	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
15	YES NO M
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter nature of injury in Part I or Port II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PU While Not while fac p. m. 19 at work at work	tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described about	ove, held an Autopsy , Inspection N, Inquiry P, and in my
opinion death resulted from: Natural causes 17, Accident	
SIGNATURE CONTROL STORY	M.D. CHIEF MEDICAL EXAMINER D
	ASSISTANT MEDICAL EXAMINER []
EXAMINER'S AMPS OVO	DEPUTY MEDICAL EXAMINERS / -/- 5 8
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 1/4/58 Cedar Hill	Cemetery Suitland, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Ritchie BrosUpper Marlboro, Md.	DATE NO 1930/1 / Thedrich

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FOR STATE HEALTH DEPT.

Pory. please Files. Of Health, Board of

TO DEPUTY MEDICAR EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certify.

4 should be farmed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be wised as a burial-transit permit. File pages 1 and 2 with the State Board to rits desirented agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 5M 2/57

VS. AISME

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 105 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

01071

	CE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George \$ 8									
h (ce George S	- 011041	c. LENGTH OF STAY		Maryla				State of the last	-	0
0.0	and give negresi lown)	e KUKAL			c. CITY OR TOWN (IF			KUKAL O	nd give r	nearest to	wn)
	Chever	27		Dead on ar			y Hei	ghts				
d. N	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS e. IS RESID						A FARM?
rin	ce Georg	5205 Byers Street										
DEC	ME OF CEASED	fir	si	Middle		Lost	4. DATE OF	Mon		Day	١	fear
(Ту	pe or print)	Gerry	Ly	nn Saladin			DEATH	January	28	100	1	9 50
5. SEX		6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. C	ATE OF BIRTH		9. AGE (In years last birthday)		RIYEAR		ER 24 HRS.
F	emale	White	WIDOWE	D DIVORCED		October 11,	1957	yrs.	Monds	Days	Hours	Min.
10a. U	SUAL OCCUPATION	ON Give kind of work	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stole	or foreign o	country)	12. CI	TIZEN O	F WHAT	COUNTRY
duri	during most of working life, even if retired) None					Washington, D.C . U.S. A.						
13. FA						14. MOTHER'S MAIDEN NAME						
		Charlene Bennett										
		ck Andrew S		SOCIAL SECURITY NO.	137 (015	DRMANT	Deimi					
	a, es unknown)	(II yes, give war or dates of		SOCIAL SECORITI NO.			7 - 44 7	Address				
	no				Mrs	Charlene Sa	iladin	, same a	8 # 2			
18	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]									INTE	INTERVAL BETWEEN ONSET AND DEATH	
		TH WAS CAUSED BY: MMEDIATE CAUSE (o		Bronchopne	umoni	la						
	49/X DUE 10											
C	onditions, if a									9		
	gove rise to immediate cause											
	(e), stoling the underlying DUE TO											
_ =) (c		ONITE PRINTING TO DEAT	I DUIT A IO	T DELL'ATED TO THE TERM						
ģ	PARI II. OII	HER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DEATH	BUINO	I KELATED TO THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	ART 1(o) 1		AUTOPSY DRMED?
3											YEXO	NO 🗌
1 2 PM	DO. EXTERNAL CAP RIMARY [] or CO AUSE OF DEATH.	USE WAS NTRIBUTING []	b. DESCRIB	E HOW INJURY OCCUR	RED. (Ente	er noture of injury in Parl	l) or Part f)	of item 18.)		- 1		
MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slate) Not while Not while all work all work all work all work all work all work.											
2	21. I certify that I took charge of the remains described above, held an Autopsy x, Inspection x, Inquiry x, and in my											
	opinion death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined manner											
	opinion death resolved fram: National couses [], Accident [], Solicide [], Homicide [], Onderermined manner []											
	ACTUAL CHIEF MEDICAL EXAMINER [7] DATE SIGNED											
Si	IGNATURE	Asset	7	1 200	71	M.U.						
E	XAMINER'S					ASSISTANT MEDICA		_		~0	7.05	0
	IAME (Type)	James	I. Bo	yd	1	DEPUTY MEDICAL I	EXAMINER [7	anuar	A 50	,195	0
	URIAL, CREMATIC	ON, 226. DATE THERE	OF	22c. NAME OF CHMETE	RY OR CI	REMATORY	22d. LOCA	TION (City, Iown,	or county)		(Stat	•)
1	Burral	1-31-	58	artine	ztino	natt	ar	lingto	n	L	la.	
23. FU	HERAL DIRECTOR	'S SIGNATURE	11.	ADDRESS	10/00	## (240. REC'I	D BY REGIST	TRAR 246. REG	STRAR'S S	IGNATU	RE	111111
25	common	Brus.	166	1- 1000	The	DATE J	AN 3 0	58 00	01		/	
-				WISH			DIT O		1	Helli		

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. D. H. Charles H. Co.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY a. STATE b. COUNTY files. Health, MARYLAND b. CITY OR LOWN III autside corporate limits. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET وَ وَ NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 9. AGE Iln years 7. MARRIED TO NEVER MARRIED 1 8. DATE OF BIRTH WIDOWED T pup 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY wing most of working life, everal retired) BURTHPLACE (State or foreign country) Poge 1 Pages n P.M3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (II yes, give wor or dates of service) 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 0 Office DUE TO Conditions, if any, which gave rise to immediate cause DUE TO col Exominer (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) factory, street, office bldg., etc.) Hour While Nat while at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 0 Inspection . opinion death resulted fram: Natural causes 14. Accident Suicide . DIRECTOR

22c. NAME OF CEMETERY OF

DATE

YES NO TH Day Year IFUNDER TYEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN PERFORMED? NO P (County) (State) Homicide , Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22d LOCATION (City, Vin. or county (State) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

ON A FARM?

40 **VS. A15ME** 5M 2/57

shauld FUNER

ACTUAL

SIGNATURE

NAME (Type

DATE THEREOF

REVIAND STATE DIRECTION OF HEALTH-BALTHMORE

IMEDICAL EXAMINER'S GERTIFICATE OF DEATH

BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO 12

> > (State)

DATE SIGNED

(State)

Day

USA

(County)

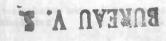
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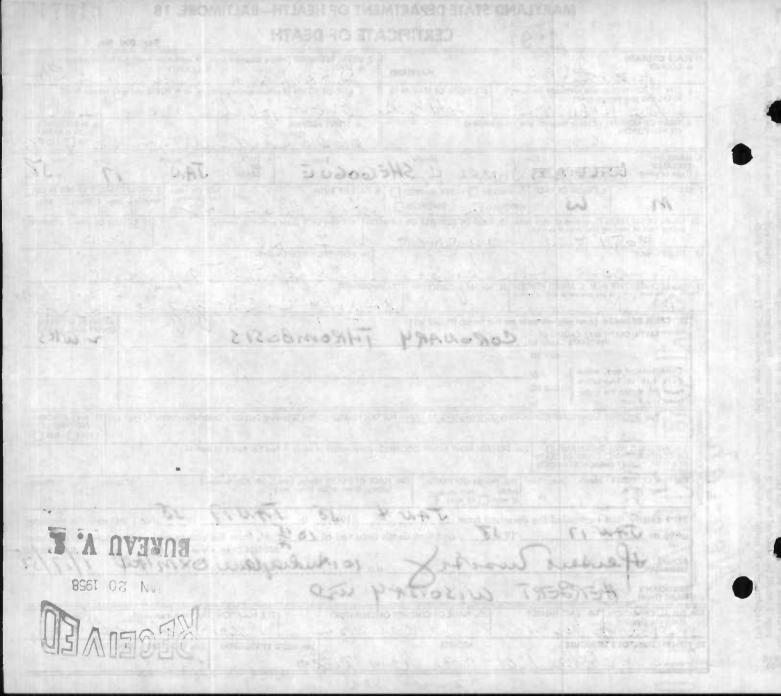
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1054 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY g. STATE b. COUNTY Prince George MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cheverly. 9Hrs 35 Mins Adelphi d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Prince George General Hospital YES NO 1922 Laguna Rd Middle 4. DATE Month Yeor DECEASED OF (Type or print) Silev DEATH 19 58 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 61 yrs Months Days Hours WIDOWED DIVORCED [White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? PENNSYLVANIA U.S.A. Coal Miner (retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALBERT STLEY ANNETTE OPLINGER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 89-01-7016 Mrs. Lottie E. Siley, 1922 Lagona Rd. YES Adelphi, Marylandal BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) a. m. While Not while at work of work 58hat I last saw the deceased 21. I certify that I attended the deceased fram. ___, and that death occurred at__ M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) ARLINGTON NAT'L CEMETERY ARLINGTON, VIRGINIA 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR

DERTURICATE OF DEATH.

BUREAU V. K.

8861 68 NAL



01077

		1055	CERTIFI	CATE	OF DEAT	IH		Reg. Dist.		
1. PLACE OF DEATH o. COUNTY Prince	Georges		MARYLAN	11 0 5	Marvlan		b. COUNTY	on: Residence		
b. CITY OR TOWN RURAL and give	(If autside corpor- nearest fawn)	ate limits, write	c. LENGTH OF STAY IN	1b c. C			rate limits, write R			
Cheve			lh hrs	- X		arlboro)			
d. NAME OF HOSE OR INSTITUTION	4			/d.	STREET ADDRESS					A FARM?
Prince C	errges	General	Hospital		Star B	loute	Box 105		YES	□ NO □
3. NAME OF DECEASED (Type or print)	Fra	ncis	Middle	S	imms Jr	4. DATE OF DEATH	Mon Jan		Day	Year 1958
5. SEX	6. COLOR OR		RIED NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 Y	EAR IF UN	
Male	Black			TE .	D 30		lost birthdoy) yrs.	Manths Do	ys Hour	s Min.
10a. USUAL OCCUPAT		f work done 10b.	KIND OF BUSINESS OR IN	NDUSTRY 11.	Dec. 19 BIRTHPLACE (Std Marvlan	ate or foreign co		12. CITIZE	N OF WH	AT COUNTRY
13. FATHER'S NAME	i	۷.	1	14. M	OTHER'S MAHDEN		. 1			
	Tram	us:	Dinim	2411	DIN	well	01	m	71/4	
15. WAS DECEASED EV (Yes, no. or unknown)	VER IN U. S. ARMI		SOCIAL SECURITY NO.	7. INFORMA	b and	is L	Addi	ess PL	٠,٠,	Ind
	EATH [Enter only		ne for (o), (b) and (c).]	1	10	0	1		INTERVAL ONSET AN	
	IMMEDIATE CA	USE (a)	Mel.	28	eur	eleu	r			
340.3		DUE TO	10/0	/	1					
Canditions, if	ony, which	(b)	Men	nsi	les.					
gave rise to cause (a), stating lying cause lost	g the under-	(c)		0						
PART II. O	THER SIGNIFICAN		CONTRIBUTING TO DEATH	BUT NOT REL	LATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1	PERI	S AUTOPSY FORMED?
200. ACCIDENT WOR CONTRIBUTION	IG CAUSE OF D	DEATH	CRIBE HOW INJURY OCCU	IRRED. (Enter	nature of injury i	in Part I or Part	II of item 18.)			
20c. TIME OF INJU		ry, Year 20d. It While at war	Not while	PLACE OF I	NJURY (Home, forest, office bldg.,	erm. 20f. (City	or town)	(Cau	nty)	(State)
21. I certify t		d the decease	ed from 1/2-	158	19, to	1/2	6 , 195 8	that I las	t saw th	e decease
alive on	1/26	19.5	and that de	ath accur	red at 5.30	A. M. from	the causes a	nd an the	date sta	ited abave
	1	,	1 -				reet, city or town,			DATE SIGNE
ACTUAL	blence	1 (Tu	been	MD 5	301 Ha	multer	a St. /1	wells-	-122	4,1
PHYSICIAN'S NAME (Type)	John W.	Perkins						J		
220. BURIAL, CREMATE	ON, 20 DATE T	THEREOFY 98	22e-NAME OF CEMETER	Y OR CREMA	TORY	22d. 10 GAT	ION (City, town, o	or county)	Q ₁ Si	ate)
23. FUNERAL DIRECTO	SIGNATURE /		ADDRESS,	1 1	24g. RE	C'D BY REGIST	RAR 245 REGIS	TRAR'S SIGNA	ATURE	
TIL	THE	nsm	Humas	holes	DATEJ		- 1()	COALLE	1	

eral directar, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIRECTARIES After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be detached for use as the burial, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

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BECEINED

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109	5 CERTIFICA	TE OF DEATH		(11078 Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where deco	eased lived. If institution b. COUNTY	n: Residence before admission) Prince Georges
b. CITY OR TOWN (If autside corporate limits, we RURAL and give nearest town) Mitchellsville Md.	rite c. LENGTH OF STAY IN 16 79 years	c. CITY OR TOWN (If outside c	orporate limits, write RU lsville, Mo	
d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION Lotts Ford Vista Roa	treet oddress)	/d. STREET ADDRESS Lotts Ford Vi	sta Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Clavence	Middle C	Simp Son 4. DA		14, 1958- Year
male white wit	DOWED DIVORCED	e. DATE OF FIRTH Feb 10, 1878	lost birthdoy)	Manths Days Hours Min.
	Self employed	Maryland	gn country)	U, S. A.
13. FATHER'S NAME George T Simp		Mary Kagle		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		enneth Simpson	Addre Mitchells	wille, Maryland.
PART I. DEATH (Enter only one cause property of the cause (a) and the cause (b) and the cause (a) are to immediate cause (a), stating the under-lying couse lost.	Articoselect	ed Arter	ion Diseas vileos	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ON THE TOTAL BETWEEN ON
3 Deable he	DESCRIBE HOW INJURY OCCURRED	Bronchopul	usmone	en in Part 1(a) 19 Was autopsy Performed? YES NO
20c. TIME OF INJURY Month, Day, Year 2	20e. PU While Not while foc It wark at work	CE OF INJURY (Hame, form, tory, street, office bldg., etc.)	(City or town)	(County) (State)
21. I certify that I attended the decalive an 13	ceased fram. Wice 1958, and that death Kurs 1858			that I last saw the deceased above the deceased above to the last signed to the last sign
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1/17/58	22c. NAME OF CEMETERY OF FORT Lincoln			, Maryland
23. FÜNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons H	ADDRESS Lyattsville Mary	land. DATE	GISTRAR 246. REGIST	trar's signature

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No filed with director PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) pe RURAL and give nearest Jown) 2000 d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle DATE -Month Day Year DECEASED (Type or print) DEATH エン 19-5 2 S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Days WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) achimia after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 20 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony Conditions, if ony, which permit gove rise to immediate **DUE TO** coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 26a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc. o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from _...that I last saw the deceased oched and that death occurred at alive an IM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL DIRECT pe should PHYSICIAN'S FUNERAL the registra NAME (Type m 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) Virginia 1/29/58 West Martinsburg 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

F. Gasch's Sons Hvattsville.

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CERTIFICATE OF DEATH

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		10	56	CERTIFICA	ALE OF DE	AIH		Reg. Dist	No.		
1.	PLACE OF DEATH o. COUNTY Prince Geo	rge!s		MARYLAND	2. USUAL RESIDEN 6. STATE Marvlan		d lived. If institution b. COUNTY				on)
	b. CITY OR TOWN (IF	outside corporate limi	ts, write:	c. LENGTH OF STAY IN 16			prote limits, write R				
	RURAL ond give nea Riverdale	rest town)		l dav	//College	Park					
	d. NAME OF HOSPITA	L (If not in hospital, g	ive street d		d. STREET ADDI	RESS			0.	IS RESIL	DENCE
		land Memor			5015 Ind	lian Lane				YES 🗍	
3.	NAME OF DECEASED	Fir		Middle	Lost	4. DATE	Mon	th	Day	Y	eor
	(Type or print)	PATE	RICIA	ANN	SMITH	OF DEATH	Janua	rv	5	1	9 58
5.	SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months E			
0	Female	White	WIDOWE	D DIVORCED	3/11/56] yrs.	Monns	Days 1	Hours	Min.
100	. USUAL OCCUPATION during most of working	(Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	E (State or foreign o	country)	12. CITIZ	EN OF	WHAT	COUNT
	No	*		none	North	Carolin	a	U.	S.A	•	
13.	FATHER'S NAME				14. MOTHER'S MA	LIDEN NAME					
	Earl Smi	WAR.				ne Biddix					2.9
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	NFORMANT		Add	ress			
	No				Hospital R	Records					
			use per lir	for (o), (b), and (c).]	0	2 1) V			INTERV	VAL BET	WEEN
2	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	1 1	otality accel	e v-v-al	Longon	M		.37	tha	40
	0 76.9	DUE TO									()
	Conditions, if an	10)								
	couse (o), stoting th										
7	lying couse lost.) (c	,								
CATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	IE TERMINAL DISEA	SE CONDITION GIV	YEN IN PART		PERFOR	RMED?
MEDICAL CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY N	UNDERLYING [] CAUSE OF DEATH REDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture of in	jury in Port I or Po	rt II of item 18.)				
CAL	20c. TIME OF INJURY	Month, Doy, Ye		£-	ACE OF INJURY (Homotory, street, office blo	ne, form, 20f. (Cit	y or town)	(Co	ounty)	- 30	(Stot
MED	Hour o.m.	19	While of world	LAOI MILLIE	ciory, sireer, office on	og., vic.)					
	21. I certify tha	t I attended the	decease	ed fram 4 Open	1956.1	0 5 40	1958	Sthat I lo	ast saw	the o	decea
	alive on 5	Dr	195	3 and that death	accurred at /	SSP M. fra	m the causes o				
2		,0	0	12 1-	4.4		street, city or town,				TE SIGI
	ACTUAL SIGNATURE	tonale	1 OC	Gurdel	M.D. 446	1 + Qias	eastur	, P.L			
	PHYSICIAN'S NAME (Type)	Donald	R.	Purdie		Riverd	ola, n	id,			
220	BURIAL, CREMATION)F	22c. NAME OF CEMETERY C			TION (City, town,			(Stote)
	BUT 141 (Specify)	1/8/58		George Washi	ngton	Нуз	attsville	e Md.			
23.	FUNERAL DIRECTOR'S			ADDRESS	24	o. REC'D BY REGIS		STRAR'S SIGI	NATURE		
	r. Gas	ch's Sons	Hy	attsville Md.	DA	ATE JAN 9	'58 CL	Flede	uch		

eral director. be filed with TO HOSPITAL OR AXENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the production. After this certificate has been signed by the attending physician and campletely filled in by the hed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shavid page 3 should be detached for use as the burial-transit permit. Then please remove carbon pap the registr<u>ar p</u>riar to burial, cremation, ar removal, and in any event within 72 hours <u>af</u>ter death. the registra

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. A.

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death. Page 4

ol director, be filed with moy be retained by hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hours offerdeath. moy be retoined by

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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		105	7 CER	TIFICA	ATE OF E	DEATH	1		Reg. Di	st. No.	
PLACE OF DEATHCOUNTY Prince	George		M	ARYLAND	2. USUAL RESI	DENCE (Wh	ere decease	d lived. If inst	itution: Resider	ace before a	dmissian)
b. CITY OR TOWN	(If autside carporate lim	ils, write	c. LENGTH OF ST	TAY IN 16	c. CITY OR	TOWN (If a	ulside corpo	prote limits, wri	te RURAL and	give nearest	fawn)
Cheverly	7		D.O.A	5.33	River	dale.	Hgts		25		
d. NAME OF HOS	PITAL (If not in haspital,	give street	oddress)		d. STREET A	DDRESS			1		RESIDENCE
	eorge Genera	el _			5905 R	evenst	wood I	Rd,	/		S NO
3. NAME OF DECEASED (Type or print)	\$\$4541414	Hard	old/\$	idle Stans 1	ield	s t	4. DATE OF DEATH		Month	Doy 1	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARI	NEVER MA	RRIED 1	B. DATE OF BIRTI	Н		9. AGE (In ye			UNDER 24 HRS.
Male	White	WIDOW	ED DIVO	RCED 🗍	April	26,	1898	59	yrs. Months	Doys Ho	ours Min.
Carp	TION (Give kind of work rorking life, even if retired enter	done 10b.	KIND OF BUSINES	S OR INDUS		ACE (State		ounicy)		J S A	HAT COUNTRY
3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
	ward Stans:				Mart	ha Ha	ught	on		1/2	
15. WAS DECEASED E [Yes, no, or unknown]	VER IN U. S. ARMED FOI		SOCIAL SECURITY		FORMANT				Address		
	no			va	ne B St	ansi	relq	Riverd	lale He	sts N	ld.
18. CAUSE OF D	EATH [Enter only one of	ouse per li	pe for (o), (b), and	(c).]	4			1	1	INTERVA	L BETWEEN
PART I. D	PEATH WAS CAUSED BY:	01	imple.	ti o	celu	- A	ind de	w ha	ust. Le	IN C 10	AND DEATH
420	DUE TO							1	1		,
Conditions, if	any, which)	. 0	12. H	rteri	n Sel	7	AL.	dese	40		
gave rise to	immediate (b)			0 - 0						
lying couse los	ig ine under	-1								100	
E C	OTHER SIGNIFICANT CON	NDITIONS (CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN PAR	PE	VAS AUTOPSY ERFORMED?
O (IF EITHER, NOTI	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	Y OCCURRED). (Enter noture o	f injury in P	art I ar For	t II of item 18.)			
20c. TIME OF INJ Hour a. m p. m	1.	While at worl	Not while of work	20e. PLA faci	CE OF INJURY (I lary, street, office	Home, form, bldg., etc.	20f. (City	or town)	(0	County)	(Stole)
21. I certify	that I attended the	deceos	ed from	2	1957	, ta	1-1-	19	S Lihot 1	last saw	the decease
alive on	Dep 10	19		death	occurred of	-,,	M from				
	0 . 1	7	9		00001100 01			treet, city or to		ie dule s	DATE SIGNE
ACTUAL	aller	NA	The		-	5/0	M	ader:	54/10	weigh	P.
JOHA TORE		4		^	^.D	-22-6-0				111	7 - 2
PHYSICIAN'S NAME (Type)	Dr. Albert F	leth								2-9	1-7-2
220. BURIAL, CREMAT			22c. NAME OF C	EMETERY OF	CREMATORY		22d LOCA	TION (City, tow	or country		(\$4.4.4)
REMOVAL (Special Burial		NEL L			Cemeter	rv		mar Ma			(Stote)
23. FUNERAL DIRECTO			ADDRESS		5 -1.10 061		8Y REGIST		GISTRAR'S SIG	GNATURE	
	sch's Sons	TY					IAN 7	158	Wheo	wich	
- · das	ous ons	Hya	ttsville	Md.		DATE	11114		*		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 1097 Reg. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) e. COUNTY Waryland b. COUNTrince George filed MARYLAND Prince George c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lo b. CITY OR TOWN (If autside carporote limits, write c. LENGTH OF STAY IN 16 pe RURAL and give nearest town) Washington(rural) Zone 22 linton d. STREET ADDRESS . . IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street oddress) ON A FARM? OR INSTITUTION 5301 Keppler Rd, S. E. YES NO 2. NAME OF First Middle Month Day Yeor filled Swift John DEATH Jan 19 Pages (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX Days Hours WIDOWED F DIVORCED [Jan 11.1871 Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Washingt D. C. U.S.A. Retired clerk 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician John C. Swift Masie Louise Ridgley 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address Mrs L. E. S homette Daughter attending 0 please within INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] lar renal disease ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO þ Conditions, if any, which signed gove rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Haur a.m. While Not while at work of work 1921 O, that I last saw the deceased 21. I certify that I attended the deceased from. 1137 P.M. fram the causes and on the date stated above. and that death occurred at_ alive on ADDRESS (Street, city or town, state) ACTUAL 3 3 should PHYSICIAN'S NAME (Type) FUNER 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (C 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince George	MARYLAND	2. USUAL RESIDEN o. STATE Marylar			. If institution to the country		Georg	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	GTH OF STAY IN Th	c. CITY OR TOV	/N (If outsic	de corporote li	mits, write R	URAL ond g	ive nearest t	own)
Cheverly 1	3 days	× Palmer	Park	Hyat	tsvil	le P	.0.	
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION		d. STREET ADD	RESS '					RESIDENCE N A FARM?
Prince George		7622 No	rmand	ly Road				□ NO X
3. NAME OF First DECEASED	Middle	Last	4.	DATE OF	Man	th	Day	Year
(Type or print) Arthur Ro	oland	Taylor	Jr	DEATH	1		26	1958
5. SEX 6. COLOR OR RACE 7. MARRIED X N		8. DATE OF BIRTH			E (In years t birthdoy)	-		NDER 24 HRS.
Male White WIDOWED	DIVORCED	March 30	th, 1		9 yrs.	Months	Days Hou	ırs Min.
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDU	STRY 11. BIRTHPLACE	(Stole or fe	oreign country)		12. CITI	ZEN OF WH	HAT COUNTRY?
	enance W	orkBid	defo:	rd. Mg	ine	US	SA	
13. FATHER'S NAME		14. MOTHER'S MA						
Arthur Roland Taylor, Sr		Emma J	ulie	t Bela	anger			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	SECURITY NO. 17. I	NFORMANT		11-2-		esH-re 1	ttsvi	130 POM
Yes No. or unknown) If yes, give wer or dotes of service) 1007-2	22-5689 J	uanita E	. Tay	lor, T	7622	Norma	andy	Drive.
18. CAUSE OF DEATH [Enter only one couse per line fgf (o).	, (b), ond (c).]			10	. 0		INTERVAL	BETWEEN
PART I. DEATH WAS CAUSED BY:	no sin	condo	1110	(5)	. The	Laco	DASET A	ND DEATH
IMMEDIATE CAUSE (6) / VIV	ac perce	lacar		i oce	· Orces	(1 Gun	1
1/	6-1	: 101	1-0-			,		
Conditions, if ony, which gove rise to immediate (b)	a gnir	is the	voce	rse i				
cause (a), stating the under-	0							
(c)	ITING TO DEATH BUT	NOT PELATED TO TH	E TEDANNIAL	DISEASE CON	IDITION CIV	ENI INI DADT	1/-1/19 W/	V29OTUS 2A
E CONTRACTOR CONDITIONS	JANG TO DEATH BOT	NOT KEENIED TO TH	LIERMINAL	DISEASE CON	DITION GIV	EN IN FAKI	PEI	RFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter nature of in	ury in Port	Lor Port II of	item 18 1		YES	NO 🗆
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INSURT OCCURRE	s. Jemes notice of m	017 111 1011	r or r arr ir or	riem vo.,			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Of Mole Not p. m. 19 of work of v	f -	ACE OF INJURY (Homotory, street, office blo		20f. (City or to	wn)	(C	ounly)	(State)
Hour a.m. p. m. 19 While Not of work of the other of the	I WHITE	-	.g., e.c.,					
21. I certify that I attended the deceased from	1AN. 139	1955	JAZ	v. 269	1038	that I I	art raw t	he deceased
alive an Jon 269 19 58		accurred at 2	3/1	A from the	'/	_,mai + +	a data at	at all all and
	, and mar deam	accorred diz-,		RESS (Street, o			e date st	DATE SIGNED
ACTUAL YOUR ACTUAL OF A COL	0 00	2212	50	> //	1 -	,		16-5-0
SIGNATURE		M.D. 3-1-1-1	>Y	9-7-2	une			77.Y-
PHYSICIAN'S NAME (Type) George Hageage, M. D.								
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NA	AME OF CEMETERY O	R CREMATORY	22d	LOCATION (City, town,	or county)	(5	Stote)
REMOVAL (Specify) Burial Jan. 30th/58 Mt	.Hope Ce	meterv	Ke	ennebu	ink,	York	Co.,	Maine.
	ORESS.			REGISTRAR		TRAR'S SIG		
W.W. CHAMBERS CO-S	TIVORDA	LE MO DA	TE LEAN	2 8 '58	th	esu	ech	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 100 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

UI DEAT	1:'04	Keg, Dist. No.
TH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY Prince Georges MARYLAND	o. STATE Maryland b. COUNTY Pr. Geo.
20 1	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	
110	ond give nearest town) Cheverly 1 day	38 Cheverly
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
77	Prince Georges General Hospital	2711 Cheverly Avenue
	3. NAME OF DECEASED (Type or print) Arthur William Tay	
	5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	
	Male White WIDOWED DIVORCED	August 7. 1908 49 yrs. Months Days Haurs Min.
	10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) Director of Public Works Pr. Geo. Court	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John A. Tayman	Rena M. Phibbons
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	No 11 yes, give wor or dates or service 076-12-9293	Arthur B. Tayman; same address as # 2.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	BARY I DELYH MAR CAHICED BY	during pentothal anesthesia for
	95,, V	
~	COOCH EXCIACOTOR	
	Conditions, if ony, which gave rise to immediate cause	
	(a) stating the underlying DUE TO	a baset disease Managed information
		c heart disease. Myocardial infarction.
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY TO ONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. Anesthetic deat	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
d	[5]	YES TO NO
	206. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING THE CONTRIBUTING THE CAUSE OF DEATH.	(Enter noture of injury in Port f ar Part II af item 18.)
	THIS ONG TO WORK	h (cardiac arrest)
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
16	2.00 p. m. Jan. 15 p. 58 While at work at work	Hospital Cheverly Pr. Geo. Md.
	21. I certify that I took charge of the remains described ab	
	opinion death resulted from: Notural causes, Accident	Di. Suicide [], Homicide [], Undefermined monner []
	ACTUAL VOLO > ON alland	DATE SIGNED
2	SIGNATURE SYMM . I VALONICE	M.D. CHIEF MEDICAL EXAMINER
do	EXAMINER:	ASSISTANT MEDICAL EXAMINER
	NAME (Type) John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER X January 16, 1958
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
0	Burial (Specify) 1/17/58 Edwards Cem	etery Annapolis Md
A.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
41	F. Gasch's Sons Hyattsville	Md. DATE JAN 2 0 '58 000 / ~/

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

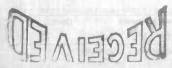
1063 CERTIFICATE OF DEATH

Reg. Dist. No. 112353

1. PLACE OF DEATH G. COUNTY MARYLANI					USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY						
Prince Ge			WORK I EAST	Ma	ryland		Prince	e Gec	res		
RURAL and give r	(If outside carporate limitearest town)	ls, write c	LENGTH OF STAY IN 1	b c.	CITY OR TOWN (IF	outside corpo	rate limits, write f	RURAL and	give ne	arest taw	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s	ive street ad	dress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM						SIDENCE A FARM?	
	orges Gener			1	10 F. Pan	kway Ro	a				NO A
3. NAME OF DECEASED	Fi		Middle		Last	4. DATE OF	Mai	rth .	Do	у	Year
(Type ar print)	Baby Boy		Term	Illige	r	DEATH	Janu	BYV	23		19 58
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years last birthday)				ER 24 HRS.
Male	White	WIDOWED	DIVORCED [1	22 58	(3/2°11)	yrs.	Manths	Days	Hours	Min.
10a. USUAL OCCUPATI during most of wo			ND OF BUSINESS OR IN		Mary	land	auntry)	12. C	ITIZEN C	F WHA	COUNTRY?
13. FATHER'S NAME				14. A	AOTHER'S MAIDEN	NAME					
Lawren	ce Terwill:	ger			France	s Juan	ita Youn	ger			
	ER IN U. S. ARMED FOR		CIAL SECURITY NO. 17	7. INFORM				lress			
(Yes, no, or unknown)	(If yes, give wor or dates of s	ervice)		Moth	her			s abo	ove		
Canditions, if a gave rise to cause (a), stating lying cause last.	the under-	, A	NTRIBUTING TO DEATH		lecture n mour				ON	19. WAS	
2											NO [
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	IBE HOW INJURY OCCUI	RRED. (Enter	r nature af injury in	Part I ar Pari	t II of item 1B.)				
ZOc. TIME OF INJU Hour a. m. p. m.	RY Manth, Day, Ye	While at wark [_ Nat while	PLACE OF factory, str	INJURY (Hame, lar eet, affice bldg., et	rm. 20f. (City	or tawn)		(County)		(State)
21. I certify t	hat I attended the	deceased	from Hars.	23	1958 ta	kun 2	105	that I	last se	aw the	deceased
actual signature	Juny Hans Wood	1957 Polls	, and that dec	ath occur		P_M, fran	,	ond an		te stat	
220. BURIAL, CREMATIC	ON, 226. DATE THEREC		22c. NAME OF CEMETERY	Y OR CREM	ATORY	22d. LOCAT	TION (City, Iown,	ar caunty))	(Sto	te)
REMOVAL (Specify CT ema to on 23. FUNERAL DIRECTOR	2/13/58		rince Georg	es G		ospital			Md.	DE	
HATTARE	Dorg, orly	Adnim	istrator.	1		EB20		A O. C	in de		
20772	01/XV2		11								

BUREAU V. S.

FEB 20 1958



FOR STATE

Page files.

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necess execute the certification writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direction of should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its deviced agent, prior to burial, cremation, ar removal, and in any event within 7 Hours after degree

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1998MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01088

Reg. Dist. No.

		o. COUNTY VINE & GOSTON MARYLAND O. STATE Mary Land b. COUNTY King College
	b	c. CITY OR TOWN (If outside corporate himits, write RURAL and give nearest town) Cand give nearest town) Cand give nearest town) Cand give nearest town)
	d	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give, street orderss) d. STREET ADDRESS ON A FARM?
	3. 1	NAME OF _ CAM First P Middle , _ Lost 4. DATE Month Doy Year
		ITYPE OF PRINT STATE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE ITYPE IFUNDER 14 PR. S. P. AGE ITYPE ITTPE
0	7	nale White WIDOWED DIVORCED Devery 16,1884 (73 yrs. Months Doys Hours Min.
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? (Conting most of working life even if refired) 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME William 7 Thomas Emilia Glachmon
		VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yos, appetrar or deless of service) 5 77-0 7-9399 Missi Richard Litterback Danie 42
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 442 DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying (o), stoting the underlying couse lost. (c)
)	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum no \(\sum \)
	CERT	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I) of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of w
		21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
		ACTUAL SIGNATURE COME OF THE SIGNED DATE SIGNED
_		EXAMINER'S LA MES I BOYD DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stole) PRIMOVAL ISPECITY TO YEAX V. 791W1a
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5 7 - 11 th fa. 5. 776. REC'D BY REGISTRAR'S SIGNATURE OF WUSL. S. C. DATE 13 58

STATEMENT BUREAU V. R. JEVIEDELO 1858 8281 8281 NAI

VS. A15ME BM 2/57

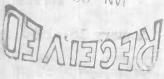
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1099 MEDICAL

ATE DEPARTMEN	NT OF HEALTH	-BALTIMORE,	18	11000
EXAMINER'S	CERTIFICAT	E OF DEATH		01089
	Quitili IOA	. O. Duri	Reg. Dist. N	Vo.

o. COUNTY	ince George	i e	MARYLAND	O STATE SE		b. COUNT			eorge 's
b. CITY OR TOW	N (It outside corporate limits, wii	te RURAL	c. LENGTH OF STAY IN 16			porate limits, write	RURAL ond	give neores	il town)
and give nearest	ct Heights		3 Months	X Distric	ct Heigh	nts			
d. NAME OF HO	spital OR INSTITUTION			d. STREET ADDRE	SS	Street			IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Joseph Ruc	dolph	Middle Tu	tz 3rd	4. DATE OF DEATH	Janu		27	Year 58
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED		00/57	9. AGE (In years fast birthday)	Menths (TYEAR IF U	JNDER 24 HRS.
Male	White	WIDOWED	DIVORCED [October	22/51	yrs.	Mouns	DE LOC	Jrs Min,
10a. USUAL OCCUP during most of we None	ATION (Give kind of wark orking life, even if retired)	done 10b. K	IND OF BUSINESS OR INDU		State or foreign			S. A	HAT COUNTRY?
13. FATHER'S NAMI	R. Tutz Jr			14. MOTHER'S MAID Charlot	te Manto	or			Y HAB
	EVER IN U. S. ARMED FO			Joseph R. T	utz Jr.	Address Same as			
18. CAUSE OF I	DEATH [Enler anly one co	vse per line f	far (a), (b), ond (c).]					INTERVAL BE	ETWEEN
PART I, I	DEATH WAS CAUSED BY:	Bro	nchommeumonia					O SEI AND	, OLAIN
491X	DUE TO			9					
Conditions, i	f any, which) (b	3							
gave rise to in (a), stating the cause last.	mediale cause								
PART II.		-	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GIV	EN IN PART	1(o) 19. W. PE YES 1	REORMED?
20g. EXTERNAL PRIMARY OF CAUSE OF DEA	CONTRIBUTING	Ob. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II	of item 18.)			
	Month, Day, Ye m. 19	While		ACE OF INJURY (Home, ctory, street, office bldg.	form, 20f. (Cil	y or lown)	(Cour	nty)	(Stote)
21. I certify	that I took charge	e af the r	emains described ab	ove, held an Aut	opsy 🔽 , 1	nspection 🔀	Inquir	у 🔼,	and in my
opinion deg	thresulted from:	Natural c	auses 🎮 Accident	. Suicide	, Homicide	, Undete	ermined m	nonner [
		1	067	0					-
ACTUAL SIGNATURE	John	22	If Jon	M.D. CHIEF MEDICA	AL EXAMINER			DA	TE SIGNED
EXAMINER'S				ASSISTANT MI	EDICAL EXAMINE	ER 🗍		70	1058
NAME (Type)	James I. Bo	yd	U	DEPUTY MEDI	CAL EXAMINER	જ ીક	nuary	10, .	1950
220. BURIAL, CREM?	el Jan 21	of -58	200 NAME OF CEMETERY O	tell tom	every	Sent	lim	dS	Slote)
23. FUNERAL DIREC	TOR'S BIGNATURE	2. 10	ADDRESS 6 61 GOOD	Hazel DATE	REC'D BY REGIS	'58 245 REGI	STRAR'S SIG	NATURE	
CO 21 11 1/11	1/1/41/15	- 1	0 1240	11 111	15	-			

MARKIAND STATE DEPARTMENT OR HEALTH CAST INC. A SEPTEMBER'S CERTIFICATE OF DEATH

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any delay ... a the funeral dit... be retained far ... the State Board offer with 1 Page 5 may 1 and 2 will in 72 hours ond pages

Sive Pages form PM3. with along burial-transit Office of Examiner's OF 0 03 used Chief Medical E rifing to the certifi forwarded to DIRECTOR:

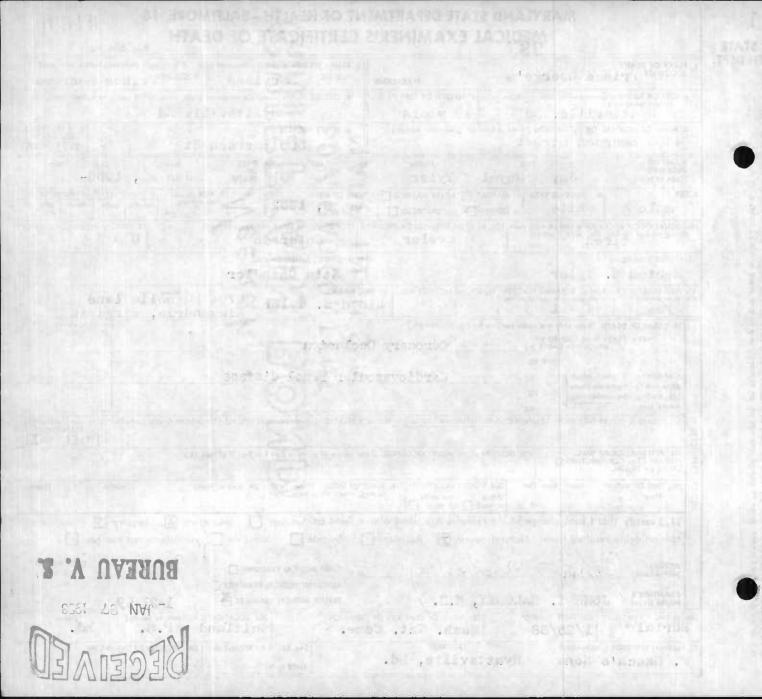
should be FUNERAL P 6 0 VS. A15ME 5M 2/37

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01090

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY Prince George's b. COUNTYPrince Georges Maryland MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) and give nearest town) Hvattsville Md Hyattsville, Md 10 years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 4505 Emerson Street 4505 Emerson St YES NOX NAME OF Middle 4. DATE Year DECEASED Jan 22, 1958-Tyler Jay Royal DEATH 19 (Type or print) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER TYEAR last birthday) Aug 3, 1892 Months Days Hours male white WIDOWED DIVORCED T 65 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life even if retired) Jewler USA Colorado M. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Merton G. Tyler Etta Chandler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5704 Magnolia land (If yes, give war ar dates of service) Lloyd S. Tyler yes Alexandria, Virginia INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (o) DUE TO Cardiovascular renal disease Conditions, if any, which gave rise to immediate cause DUE TO (o), stoting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [] NO 200. EXTERNAL CAUSE WAS PRIMARY | 01 CONTRIBUTING | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work of work 21. I certify that I look charge of the remains described above, held an Autopsy , Inspection . Inquiry . opinion death resulted fram: Natural causes 📆, Accident 🗍, Suicide 🗍, Homicide 🗍, Undetermined monner 🗍 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER JOHN T. MALONEY, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (Stote) BREMGVAL Specify) Md. 1/25/58 Wash. Nat. Ceme. Suitland P.B. ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hvattsville, Md.



01091

. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO Z

> > (State)

Days

(County)

YES NO

DATE SIGNED MARYLAND. FUNERAL I PHYSICIAN'S NAME (Type) KIMBLE 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) TRANSIT CUREN 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAL 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

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BUREAU V.			Street, Area 188
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 064 CERTIFICATE OF DEATH 1064

01092

	11113			Ke	g. Dist. No.
Prince Ge	orge	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. If institution: R b. COUNTY	esidence before admission) Lnce George
b. CITY OR TOWN (I RURAL and give no Cheverly	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write RURAI	
OR INSTITUTION	TAL (If not in hospital, give stree	oddress)	d. STREET ADDRESS	t /	e. IS RESIDENCE ON A FARM?
	orge General		4712 Edmonds	on Rd.	YES NO S
DECEASED (Type or print)	Bernice	Middle Loraine	Ward	4. DATE Month OF DEATH JA N	Doy Yeor 9 19 568
sex Female	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	Jan- 28 -190	lost birthday) Mo	nths Days Hours Min.
Oo. USUAL OCCUPATION	ON (Give kind of work done 10b		1757	1000	12. CITIZEN OF WHAT COUNTRY?
during most of work	king life, even if retired)	Iniversity o		ous, Ohio	U.S.A.
Unknown			Unknown	IAME	
5. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
Yes, no, or unknown)	(If yes, give war or dates of service) None	ınknown	Husband Guy E	. Ward	
	ATH [Enter only one couse per of the WAS CAUSED BY: IMMEDIATE CAUSE (o)	in for (o), (b), and (c).]	u atoris		ONSET AND DEATH CRUCKET HS
Conditions, if o		orein oru.	x o uter	us	5 75
gove rise to i couse (o), stoting lying couse lost.)		
PART II. OTH		CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN I	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURR	tED. (Enter nature of injury in f	Part I or Port II of item 18.)	
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 20d. While of wa	Not while	PLACE OF INJURY (Home, form octory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify the	at I attended the decea	1	195 (= to 1) 45	M, fram the causes and	at I last saw the deceased on the date stated above.
ACTUAL SIGNATURE	som ly. G.	ross green		ADDRESS (Street, city or town, state runde le Rei.	
PHYSICIAN'S NAME (Type)	r. Irvin Grass	green	mt. 1	Rainery M	ed.
REMOVAL (Specify)	N. 22b. DATE THEREOF	22c. NAME OF CEMETERY	or Crematory	22d. LOCATION (City, lown, or co Bladensburg	
FUNERAL DIRECTOR		ADDRESS			R'S SIGNAPURE
W. W. C	CHAMBERS CO.	Riverdale.	Md. DATE AL	11 3 '58 Weeke	duch

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FOR STATE HEALTH DEPT.

or Files. of Health. g, TO DEPUTY MEDICAL EXAMINER: This certificate showld be executed within 24 hours after death. If any delay is necess execute the certificate, writing the ward "pending" in pendit is tlem, 18. Give Pages 1, 2, and 3 to the funeral of 4 shauld be fare, and 10 the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after it.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1065MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01093

Reg. Dist. No.

	ince Georg		MARY	11	o. STATE	D.C.		ed lived. If insti b. COUN		idence be	efore adm	issian)	
and give nearest lown)	b. CITY OR TOWN (If outside carporate limits, write BURAL and give nearest fown) Cheverly D.O.A.						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington						
d. NAME OF HOSPITA Prince Geo			spital, give street address	1)	d. STREET AD		field	Place		.W.	ON	ON A FARMS	
3. NAME OF DECEASED (Type or print)	Henry		Middle Joseph		lost Ward		4. DATE OF DEATH	Januar		Doy		9 58	
5. SEX	6. COLOR OF RACE	7. MARRI WIDOWE	D DIVORCED]]	ATE OF BIRTH	-		9. AGE (In years loss birthday) 78 yrs	IF UNDI Months	Days		ER 24 HRS. Min.	
100. USUAL OCCUPATION during most of working Retired	(Give kind of work of life, even if retired)	tone 10b. I	kind of Business or i Bartender	NDUSTRY	Vermo	ce (State on the contract of t	or foreign co	ountry)	12. C		S.A.	COUNTRY	
13. FATHER'S NAME Henry		ard			4. MOTHER'S M	_	^{AME} 'raege	r					
15. WAS DECEASED EVER	IN U. S. ARMED FOI If yes, give war or dates of	RCES? 16.	SOCIAL SECURITY NO.		ise Agn	es Wa	rd; s	ame addi		as #	2.		
Conditions, if any gove rise to immedition, staling the uncause last.	ote cause iderlying DUE TO		Hemorrhage Fracture of	of sk	ull and		(CONDITION G	IVEN IN PA		19, WAS A	AUTOPSY RMED?	
PART II, OTHE 200. EXTERNAL CAUSE PRIMARY D or CON CAUSE OF DEATH 20c. TIME OF INJURY HOUR OF LIOP, m.	100	truck	t HOW INJURY OCCURION t by an auto INJURY OCCURRED 20 Not while 20 ork all work 20	mobi	le whil	e wa.	Lking 20f. (City	on Balt	(C	- W	ashii	ngton	
opinion death r			remains described couses []. Accid	ent 📆	Suicide	DICAL EXA	amicide	, Under	-	manne		d,in my	
EXAMINER'S (NAME (Type)	John T. Me		M.B.	RY OR CR			XAMINER X	Jani	uary or county)		1958 (Slate	•)	
burial pecity) 23. Funeral director's The S.H.H		8 - 290:	Ft. Line of ADDRESS 1 14th St.		[a]	- W	Prin 87 REGISTR 3 1 '58	RAR 24b. REG	rges Istrar's s	GNATUI			

MARRAND STATE DEPARTMENT OF HEALTH-MAINMONT TO

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DECENDED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Dovs

IF UNDER LYEAR

(County)

Months

HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Poge o. COUNTY files. b. COUNTY rince George' MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton Oxon Hill Transient clor OUT 00 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS id 3 to the funeral may be retained 2 with the State Bagin 4407 Tippet Road Panorama Stote death. 3. NAME OF Middle First Month DECEASED (Type or print) Williams DEATH Robert January offe 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Male WIDOWED | DIVORCED | Sept. ond 50 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Sale's Representative Loral Electronics Give Pages 1 form PM3. Eile-pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Lee Williams Mamie Jones Give 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dales of service) fin Item, 18. Gifice along with f Vivian H. Williams no same permit. .5 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ing the ward "pending" in pencit in Item, I the Chief Medical Exominer's Office along ge 3 shoutd be used as a burial-transit perr puo PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) DUE TO Multiple crushing and lacerating knjuries Conditions, if ony, which gove rise to immediate couse 20 DUE TO (a), stating the underlying to the body. cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY TO 07 CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) buriol, Plane crash 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) or to factory, street, office bldg., etc.) While Not while of work Wooded area Clinton 21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry opinion death resulted from: Natural causes , Accident X, Suicide . Hamicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) James I. Boyd January 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 23. FUMERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR

Reg. Dist. No.

e. IS RESIDENCE

ON A FARM?

YES NO X

Yeor

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

CINSET AND DEATH

PERFORMED? NO T

(Stole)

Md.

DATE SIGNED

(Stote)

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1958

Prince George

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246. REGISTRAR'S SIGNATURE

DATE JAN 2 8 '58

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BUREAU K. E.

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